

University of Mount Union Fall Wrestling Clinic

- LOCATION:** University of Mount Union Wrestling Room
McPherson Academic and Athletic Complex
1972 Clark Avenue; Alliance, Ohio 44601
- DATES:** Saturday October 8th, 2011
Saturday October 29th, 2011
- FORMAT:** The clinic will be run by the Mount Union wrestling coaching staff and is intended to introduce new techniques, to help improve and refine current techniques, and to provide the opportunity to wrestle live.
- ELIGIBILITY:** The clinic is open for any wrestler who will be in the 7th through 12th grade during the 2011-2012 school year.
- COST:** \$10 per day
- PARENTS AND COACHES:** Parents and Coaches are encouraged to attend and are welcome free of charge. Seating will be available but limited in the wrestling room.
- SCHEDULE:**
- | | | | |
|---------|---|----------|--------------|
| 8:30 AM | - | 9:00 AM | Registration |
| 9:00 AM | - | 11:00 AM | Clinic |

Email hawaldmf@mountunion.edu for more details

Registration

Name _____ Grade _____ Weight _____ Date of Birth _____
Address _____ City/State/Zip _____ School _____
Parent's Name _____ E-mail _____
Phone # (home) _____ Phone # (cell) _____
Emergency Contact _____ Emergency Contact Phone #: _____

Parental Consent

I hereby request that you accept this application for enrollment in the University of Mount Union Fall Wrestling Clinic. In consideration of your acceptance of this application, I hereby release the University of Mount Union, its wrestling program and coaches, and all other associated parties from all claims on account of injuries which may be sustained by my child while attending the clinic.

Signature of parent or guardian _____ Date _____

Registration for the clinic begins at 8:30 am on Saturday. Please bring this form and payment at this time.