

### INTRODUCTION

The 10th annual Chadron State College Wrestling Team Camp is primed for success. The previous year's camps were a huge success with over 200 wrestlers from twelve different teams.

The team camp concept will feature technique sessions with each team having their own CSC representative for individualized instruction. During the camp each team will be scheduled into a dual meet schedule allowing for as many matches as possible.

### CHECK-INS

Sunday, June 21, 2009

1:00 - 3:00 p.m.

Nelson Physical Activity Center (Chadron State Campus)

### CHECK-OUT

Wednesday, June 24, 2009

11:00 a.m.

### AGE LIMITS

Students entering the eighth grade and up to those entering the twelfth grade are eligible to participate.

### COSTS

Up to 2 Coaches Free

\$110.00 per coach over 2

\$150.00 per resident camper

\$100.00 per commuter camper

\*Commuter cost includes lunch tickets

### WHAT TO BRING

\*A signed physician's slip to be provided at the time of check-in.

\*Plenty of workout equipment, swimsuit. \*Personal items such as: towels, toilet items, sheets, pillows, blanket and spending money for free time.

### 2009 WRESTLING COACHING STAFF

Head Coach: Scott Ritzen

Assistant Coaches: Mark Pfeifer

Cale Bickerdyke

Student Assistant: Tony Arena

Past and Present CSC Eagle Wrestlers will serve as team leaders.

### GENERAL INFORMATION

\*The residence halls will be supervised at all times by the camp staff and the residence hall directors. Each camper should bring his own bedding or sleeping bag. The residence halls are air-conditioned.

\*The camp fee includes the use of the facilities, wrestling instruction, a camp T-shirt, awards and three meals a day for all resident campers. In addition, there will be the use of the Student Center and the snack bar located in the Student Center.

### MORE INFORMATION

Contact CSC Head Coach Scott Ritzen or Camp Secretary Joanne Downs at 308-432-6299.

### PARENTS RELEASE AND INDEMNITY AGREEMENT TO: CSC WRESTLING CAMP 2009

We (I) hereby request that you accept the application for enrollment of (name) in the CSC Wrestling 2009 Camp during the dates set forth in this application, and in consideration of your acceptance of the application, we (I) hereby release the Board of Trustees of the Nebraska State Colleges, CSC Wrestling 2009 Camp and its employees from all claims because of any injuries which may be sustained by our (my) son while he is attending the CSC Wrestling 2009 Camp. We (I) agree to indemnify the Board of Trustees of the Nebraska State Colleges, CSC Wrestling 2009 Camp and its employees for any claim, which may hereafter be present by our (my) son as a result of any such injuries. Furthermore, I certify that within the past year, my son has had a physical examination and that he is physically able to participate in wrestling activities.

In the event of illness or injury, we (I) hereby give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia or surgery.

PARTICIPANT: \_\_\_\_\_

PARENT: \_\_\_\_\_

PARENT: \_\_\_\_\_

(If possible, both parents must sign the release)

DATE: \_\_\_\_\_

**CSC WRESTLING 2009 CAMP**  
**Chadron State College**  
**Chadron, Nebraska 69337-2690**

**ENTRY DEADLINE: JUNE 1, 2009**



**2009 CHADRON STATE TEAM WRESTLING CAMP**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School \_\_\_\_\_ Grade Entering \_\_\_\_\_ Shirt Size: S M L XL XXL

Birth Date \_\_\_\_\_ Weight \_\_\_\_\_ Weight Class for Camp \_\_\_\_\_ # Varsity years \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ \$50.00 Deposit      \_\_\_\_\_ Full Payment      \_\_\_\_\_ Commuter      \_\_\_\_\_ Resident

***Make checks payable to Eagle Wrestling Camp***

PLEASE READ AND SIGN THE RELEASE ON THE FRONT OF THIS FORM AND RETURN THE BOTTOM OF THIS SHEET

BY JUNE 1, 2009 to:

SCOTT RITZEN, WRESTLING CAMP DIRECTOR

CHADRON STATE COLLEGE

1000 MAIN ST.

CHADRON NE, 69337