

Chadron State College

Wrestling 2010



Jimmy Savala
3X NCAA Qualifier

Team Camp

June 20-23, 2010
Nelson Physical Activity Center



Sam Udell



Brian Easterling



Cody Vasconcellos

2010 Chadron State Team Wrestling Camp

Name _____ 2010 Chadron State Team Wrestling Camp 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 # _____

_____ Non Refundable \$50,000 Deposit _____ Full Pymt _____ Commuter _____ Resident

Make checks payable to Eagle Wrestling Camp

PLEASE READ AND SIGN THE RELEASE ON THE BACK OF THIS FORM AND RETURN THE BOTTOM OF THIS SHEET BY **JUNE 1, 2010** TO: SCOTT RITZEN, WRESTLING CAMP DIRECTOR, CHADRON STATE COLLEGE, CHADRON NE 69337

Introduction

The 11th 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 20, 2010
1:00 - 3:00 p.m.

Nelson Physical Activity Center (Chadron State Campus)

Check-Out

Wednesday, June 23, 2010
11:00 a.m.

Age Limits

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

Costs

One Coach free with minimum 5 campers
2 Coaches Free with minimum 10 campers
\$110.00 per coach over 2
\$165.00 per resident camper
\$110.00 per commuter camper

*Commuter cost includes lunch tickets

**\$50.00 Non Refundable Deposit
Required By June 1, 2010
What to Bring**

*A current physical required 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.

2010 Wrestling Coaching Staff

Head Coach: Scott Ritzen

Assistant Coaches: Mark Pfeifer
Cale Bickerdyke
Brett Hunter
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 2010

We (I) hereby request that you accept the application for enrollment of (name) in the CSC Wrestling 2010 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 2010 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 2010 Camp. We (I) agree to indemnify the Board of Trustees of the Nebraska State Colleges, CSC Wrestling 2010 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 _____

(Whenever possible both parents must sign the release)

DATE: _____

CSC WRESTLING 2010 CAMP Chadron State College

**Chadron, Nebraska 69337-
2690**