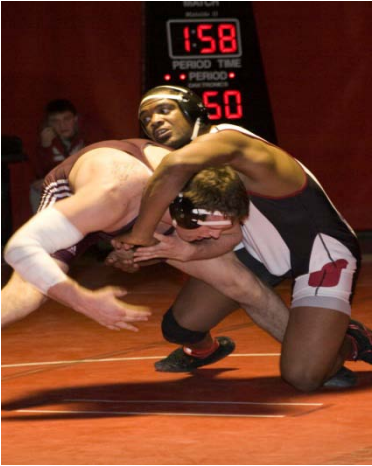


# Chadron State College Wrestling 2011



*Chris Leak*

Team Camp  
June 19-22, 2011  
Nelson Physical  
Activity Center



*Mikah Kadera*



*Dustin Stodola*



*Briston Brenton*

2011 Chadron State Team Wrestling Camp

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 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 \$50.00 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, 2011 TO: SCOTT RITZEN, WRESTLING CAMP DIRECTOR, CHADRON STATE COLLEGE, CHADRON NE 69337

## Introduction

The 12th annual Chadron State College Wrestling Team Camp is primed for success. The previous year's camps were a huge success with over 250 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 19, 2011

1:00 - 3:00 p.m.

Nelson Physical Activity Center  
(Chadron State Campus)

### Check-Out

Wednesday, June 22, 2011

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, 2011**

## 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.

## 2011 Wrestling Coaching Staff

**Head Coach:** Scott Ritzen

**Assistant Coaches:** Brett Hunter  
Cale Bickerdyke

**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 2011

We (I) hereby request that you accept the application for enrollment of (name) in the CSC Wrestling 2011 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 2011 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 2011 Camp. We (I) agree to indemnify the Board of Trustees of the Nebraska State Colleges, CSC Wrestling 2011 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 2011 CAMP  
Chadron State College  
Chadron, Nebraska  
69337-2690**

**ENTRY DEADLINE: JUNE 1, 2011**