

T.O.W. International Training **Camp Information**

The Columbus Wrestling Club is proud to present The 2016 Top of the World – International Training Camp. This a great opportunity for both male and female wrestlers to learn new technique, live wrestle, and prepare yourself to compete at the Ohio State Fair Wrestling Tournament!

Our highly skilled staff will teach 2 on1 setups, Top position, leg attack takedowns, combinations and leg attack defense. The main focus and goal of this camp is to exposure wrestlers to world class techniques, while drilling and wrestling in live situations and matches. This is an excellent opportunity to receive personalized instruction and motivation to attain your goals.

Camp Schedule – (Mon Tues Thur)

Arrival/Registration.....5:15PM
Warm Up 5:30 PM - 6:00PM
Technique Session I6:00PM - 6:45PM
Break 6:45PM – 7:00PM
Technique Session II.....7:00 PM - 7:45PM
Break 7:45PM – 8:00PM
Live Wrestling.....8:00 PM - 8:20PM
Cool down/Exit.....8:20PM - 8:30PM

Wednesday Camp Schedule:

Arrival3:45PM – 4:00PM
Warm Up 4:00 PM - 4:20PM
Live Matches Session I4:20PM - 4:50PM
Break 4:50PM – 5:00PM
Live Matches Session II.....5:00 PM - 5:30PM
Cool down/Exit.....5:30PM - 5:45PM

"The boy who is going to make a great man must not make up his mind merely to overcome a thousand obstacles, but to win in spite of a thousand repulses and defeats."

~Theodore Roosevelt

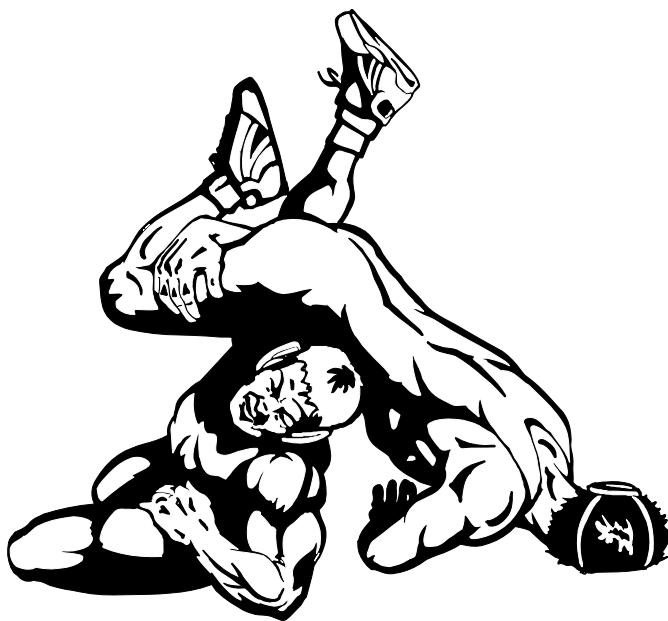
2016

TOP OF THE WORLD –INTERNATIONAL WRESTLING CAMP

JULY 25TH-28TH

**WORLD CLASS CLINICIANS
&
WORLD CLASS TECHNIQUE:**

**SERGEI KITAEV - OLYMPIC COACH
VICTOR SERADA – WORLD TEAM MEMBER
MARYIA IVANOVA - WOMENS WORLD MEDALIST
RAMAN SHYH - NATIONAL TEAM MEMBER**



WESTERVILLE SOUTH H. S.

**303 S. OTTERBEIN AVE
WESTERVILLE OHIO 43081**

COST: \$75

**CAMP DIRECTOR BRIAN CHURCH
614 496-6369**

2016
TOP OF THE WORLD – INTERNATIONAL WRESTLING CAMP
REGISTRATION FORM:

Last Name	First Name	Age
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Address	Zip Code
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/ YS / - / YM / - / YL / - / AS / - / AM / - / AL / - / AXL /	
School	Circle T-Shirt size

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Emergency contact	Phone number in case of emergency

Email address	Cell Number
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Waiver of Liability: (please sign and date)

I verify that my child has been seen by a physician and is physically able to participate in the Top of the World International Wrestling Camp. I agree to allow my child to be treated by personnel at camp if necessary. This camp can be intensive at times and I understand the combative nature of the sport of wrestling and seasonal temperatures associated with camps in this location. My wrestler has a primary insurance carrier.

Signature of Parent or Legal Guardian	Date
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Printed Name of Parent or Legal Guardian	Date
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