



WOLVERINE SCRAMBLE and DEVELOPMENTAL CAMP

Hosted by Chaparral Wrestling Club

Come learn high level scramble techniques used by today's top college wrestlers or basic fundamental wrestling techniques and have fun competing in athletic competitions.

When: Tuesday, July 24th and Wednesday, July 25th; 9:00 am – 4:00 pm

Where: Chaparral High School, 15655 Brookstone Drive Parker, CO 80138

Who: All wrestlers, Grades K – 12th

Cost: \$60 per wrestler (cash or check payable to "Chaparral Wrestling Club")

Lunch is included

Walk-ins will be accepted, but in order to receive a t-shirt, please mail payment and completed registration by **July 1st** to:

Andy Sisteck
17910 Weymouth Ave
Parker, CO 80134

Daily Schedule

8:30 Check-in (Day 1 only)

9:00 Session I

10:30 Break

10:45 Session I cont.

12:00 Lunch

1:00 Session II

2:30 Break

2:45-4:00 Session II cont.

Why Scramble Camp?

- *Gain confidence to wrestle through, score, and pin from scramble positions
- *Learn leg pass and crackdown positions, single-leg/whizzer finishes, and more
- *Separate mat space for novice wrestlers to learn age appropriate fundamentals
- *Instruction, drilling, games, partner & team competitions to reinforce techniques

To reserve your spot or if you have any questions, please contact:

Andy Sisteck, asistek@dcsd12.org, (402) 212-2564

Wolverine Scramble Camp Registration

Name _____

Weight _____ Age _____ Years Wrestled _____

T-Shirt Size: YS YM YL S M L XL XXL

Parent(s) names: _____

Emergency #: _____

Parent's Email address: _____

Athlete Participating Health Insurance: _____

Medical Conditions that Wolverine Scramble Camp should be aware of:

Waiver and Release Form / Medical Information

I approve of my student's attendance to compete in the Chaparral Wrestling Club Scramble Camp and certify that he/she is in good health, and is able to perform any and all wrestling activities. I fully understand that the staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Chaparral Wrestling staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Chaparral Wrestling staff to call a doctor and to seek medical help, including transportation by a Chaparral Wrestling staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Chaparral staff deem this to be necessary. I also hereby release Chaparral High School, Coaches, Staff, Volunteers, Chaparral Wrestling Club, and Douglas County School District from any and all liability of injury.

Parent or Guardian Signature _____ Date: ____ / ____ / ____