<u>T.O.W. International Training</u> <u>Camp Information</u>

The Columbus Wrestling Club is proud to present the 2018 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 for upcoming events such as the Ohio State Fair and Junior Olympics.

Our highly skilled staff will teach 2 on1 setups, front head offense, leg attack takedowns, overhooks 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.

<u>2018 Guest Belarus Athletes</u>

- Viktar Serada 65KG
- Artisiom Rudzianok 90KG
- Raman Shyh 74KG

<u>Camp Schedule – (Mon Tues *Thur)</u>

Arrival/Registration	5:15PM	
Warm Up	5:30 PM - 6:00PM	
Technique Session I	6:00PM - 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	
*Thursday- Tshirts /Camp Cookout 7:30PM		

Wednesday Camp Schedule:

Arrival	3:45PM – 4:00PM
Warm Up	4:00 PM - 4:20PM
Live Matches Session I	. 4:20PM - 4:50PM
Break	. 4:50PM – 5:00PM
Live Matches Session II	., 5:00 PM - 5:30PM
Snack Break /Exit	5:30PM - 5:45PM
Pool Activity- \$5 Pool Fee) 5:45 PM – 8:30PM

2018 TOP OF THE WORLD –INTERNATIONAL WRESTLING CAMP JULY 23TH-26TH

WORLD CLASS CLINICIANS & WORLD CLASS TECHNIQUE:

Sergei Kitaev - Belarus Olympic Coach (master of International wrestling) Maryia ivanova - womens world medalist Melis Dzhakipov – Asian national champion



WESTERVILLE SOUTH H.S.

303 S. OTTERBEIN AVE WESTERVILLE OHIO 43081

Cost: \$100

(INCLUDES CAMP T-SHIRT) CHECKS PAYABLE TO: WESTERVILLE SOUTH BOOSTERS

> CAMP DIRECTOR BRIAN CHURCH 614 496-6369

2018 TOP OF THE WORLD – INTERNATIONAL WRESTLING CAMP REGISTRATION FORM:

Last Name	First Name	Age
Address	Ζ	Zip Code
	/ YS / - / YM / - / YL / - / AS / - / AM / - / A	AL / - / AXL/
School	Circle T-Shirt size	
	()	
Emergency contact	Phone number in cas	se of emergency
Email address	Cell Number	
Waiver of Liability: (please	sign and date)	
I verify that my child has been	en seen by a physician and is physically able to pa restling Camp. I agree to allow my child to be tre	

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 training camps during the summer. My wrestler has a primary insurance carrier.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date