

# MARYLAND WRESTLING



# ALL-AMERICAN CAMP

The camp will concentrate on instruction and drilling for beginning to advanced wrestlers. It will cover techniques and drills from the feet, top, and bottom positions, and also some live wrestling. Camp participants will learn in a fun atmosphere under the direction of our experienced staff. The clinic is intended for wrestlers, ranging from 5th graders to seniors in high school.

**WHERE: Marriotts Ridge High School - 12100 Woodford Rd, Marriottsville, MD 21104**

**WHEN: July 25-27, 2011 (Monday-Wednesday)**

**Time:** 2 sessions a day: 9:00am-12:00pm (12-1pm – please bring a lunch) & 1:00pm-3:00pm

**Fees:** \$150 for Grades 5<sup>th</sup> through 12<sup>th</sup> (Morning and afternoon sessions) - **After July 11 Fee:** \$155

\* Experienced 3<sup>rd</sup> & 4<sup>th</sup> graders may, at the discretion of the camp director, attend the camp.

**Questions about the camp:** Jason Conley @ 443-745-0588 email: [jconley@hcpss.org](mailto:jconley@hcpss.org)



**Mike Catullo**

Assistant Coach  
University of Maryland  
Assistant Coach TWC  
West Virginia University



**Chris Vitale**

Head TWC/Assistant Coach  
University of Maryland  
NCAA All-American  
Lehigh University



**Todd Beckerman**

Head Assistant Coach  
University of Maryland  
2x NCAA All-American  
University of Nebraska

\*Other highly talented Maryland Terrapin wrestler/clinicians may be at the camp depending on their availability.

## Registration Form

Name \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ School \_\_\_\_\_

### **Please read and sign:**

I do hereby agree to release, discharge, and hold harmless the Maryland All-American Wrestling Camp & Clinicians, Marriotts Ridge Wrestling, Marriotts Ridge High School, Marriotts Ridge High School officers, agents, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance and participation at this sports camp or in the course of competition and/or activities held in connection with the sport camp. I have no knowledge of any physical impairment that would prevent the camper from participating in this program.

I hereby authorize the clinical staff of the local emergency medical responders to provide care and medical treatment as necessary to my son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for clinicians and staff at Marriotts Ridge High School to arrange necessary emergency treatments. Each participant must have had a physical checkup by a certified physician within the past year. My son/daughter has had a physical within the last year and has been declared healthy and able to participate in clinic activities.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Make Checks Payable to: **Todd Beckerman's Wrestling Camp**

Mail registration to:

**MRHS Booster Club, c/o Jason Conley 7304 Falling Leaves Ct, Marriottsville MD, 21104**