

BAKER UNIVERSITY WRESTLING FALL CLINIC



Saturday, October 17, 2009
Collins Sports Complex @ Baker University

Cost: \$20.00 Pre-registered or \$30.00 at check-in. Cost includes 6 hours of instruction and an inaugural BAKER UNIVERSITY WRESTLING t-shirt.

Coaches are welcome for FREE!

Clinicians - Baker University Coaching Staff

Assisting – Baker University Wrestling Team

Schedule

Registration: 8:00 AM - 9:00 AM

Session 1: 9:00 AM - 10:45 AM Stand-Up Series

15 Minute Nutrition Break

Session 2: 11:00 AM - 12:45 PM Spiral Ride Series

15 Minute Nutrition Break

**Session 3: 1:00 PM - 2:00 PM Defensive Attack Feet
2:00 PM - 3:00 PM Offensive Attack Feet**

Mail Registration Form Below To:

Jimmy May - Head Wrestling Coach - Baker University - PO Box 65- Baldwin City, KS 66006

Make checks payable to Baker University Wrestling

Name _____ Wt _____ Age _____

Address _____ City _____ St/Zip _____

Phone _____ Email _____

T-Shirt Size - YS YM YL AS AM AL AXL AXXL

Important: PARTICIPANT releases, waives and claims and promises not to sue Baker University and/or the Clinic Director/Clinicians with respect to any LOSS incurred during or in connection with his/her participation in the Fall Clinic, any activities associated with the Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify and Fall Clinic and/or Clinic Director/Clinicians from any claims brought against the Fall Clinic and/or Clinic Director/Clinicians or host establishment (Baker University) resting from, arising out of or in any way associated with any LOSS.

I/we, being the PARENTS and/or legal guardian of the PARTICIPANT authorize Baker University and its agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent

Date