

Counselors from Kansas:

Trent Cox—Maize High School
3X Kansas State Champion

Jacob Marrs—Clay Center High School

1X Kansas State Champion—3X

NCAA DII

All-American

Matt Rein—Abilene High School

1X Kansas State Champion

Elijah Madison—Oak Park High School

1X Kansas State Champion—

NCAA DII

National Champion

Blake Long—Derby High School

1X Kansas State Champion

Cody Garcia—**Hutchinson High School**

3X Kansas State Champion—2X

NCAA DII National Champion

Campers will participate in Multiple Sessions over two and a half days.

The sessions will be geared for high school age wrestlers with proven techniques at the high school and college level. Teams are welcome.

Any team with more than five wrestlers will be given a discount.

Jarrold Hibler

13723 W Autumn Ridge

Wichita, KS 67235

Phone: 316-721-6074

E-mail: jhibler@usd266.com

KANSAS CHAMP CAMP

WANT TO KNOW WHAT IT IS LIKE
TO BE A CHAMPION?

Past Kansas wrestlers: Trent Cox, Jacob Marrs, Matt Rein, Blake Long, Cody Garcia, and Elijah Madison along with several other Nebraska Omaha Wrestlers are hosting a camp at Maize High School.

Special Guest: 4X DI All-American

Lance Palmer—**Ohio State**

Dates: June 25-27



Contact:

Jarrold Hibler

316-721-6074

jhibler@usd266.com

Terry Cox

316-796-0457

KANSAS CHAMP CAMP

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

School: _____

E-mail: _____

Phone: _____

June 25-27

Live-in: \$150

Commuter: \$100

Discount will be given for teams bringing more than five wrestlers.

Please Tear off this flap and return with payment to the address listed. Make checks payable to Jarrod Hibler.

Jarrod Hibler
13723 W Autumn Ridge
Wichita, Kansas 67235



**“THE BEST OF
THE BEST”**

Waiver of Liability

This is the application for enrollment of

(camper's name) in the Kansas Champ Wrestling Camp on the above dates. I grant permission to the camp director, assistants or assigned chaperones of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I can not be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray examinations and anesthesia to be rendered to said minor. In addition, I hereby release all said Camp Directors and Staff and all its employees from all claims on account of any injuries that may be sustained by my child while attending the Kansas Champ Wrestling Camps. I also agree to indemnify the Kansas Champ Wrestling Camp and its employees for any claim, which may hereafter, be presented to my minor child as a result of any such injuries. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.

Parent/Guardian Signature

Date

Signed _____

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