## 2017 Mukwonago Wrestling Camp

**When:** Sundays in June & July (excluding 6/18 & 7/2)

**Dates:** 6/4, 6/11, 6/25, 7/9, 7/16, 7/23, 7/30

**Time:** 6:00– 8:00pm

Where: Mukwonago High School Wrestling Room

**Who:** Any wrestler entering 4<sup>th</sup> – 9<sup>th</sup> grade in the fall of 2017 **Cost:** \$60 - includes 7 sessions, t-shirt, and nightly sports drink



Mukwonag

Aric Bohn - 2017 State Champ

## Clinicians: -Jon Wierzbicki: Head coach -MHS Coaching Staff & current/alumni MHS Wrestlers -Also will have a guest clinician.

2017 Classic 8 Champs for the 7th year in a row!



2016 M-Camp with UW-Parkside 2X NCAA Champion - Nick Becker

This is Mukwonago Wrestling's 18<sup>th</sup> year of hosting a summer youth camp. We typically have a variety of games and introduce the wrestlers to age appropriate skills, drills, and technique. The clinicians are teachers, coaches, and alumni associated with Mukwonago wrestling that want to invoke a passion and enthusiasm for our great sport, while placing an emphasis on safety and character. The campers will learn our core technique utilized in the Mukwonago High School program. With the longevity of the camp throughout the summer we hope wrestlers will able to retain their skills with weekly review and longer continuity. We firmly believe it will be an amazing camp. We hope to see you on the mats!

## 2017 Mukwonago Wrestling Summer Camp Mukwonago Wrestling Pursuing Excellence with Ethics on and off the Mat

Name:							
Address:  Zip: Phone:  T-Shirt Size (adult sizes): YL S M L			Grade (fall '17)				
				k	*Please mak	ke checks ou	it to: MHS Athletics—Wrestling
				Mail to: MHS Wrestling Camp – ATTN: Jon Wierzbicki 605 Veterans Way Mukwonago, WI 53149			
Mukwo	onago Wre	estling Car	np Emergency Information Form				
	that your ch	ild will be in	ne and phone number that should be contacted in an a camp. Also, please list your insurance carrier and policy ry.				
Emergency contact(s):			Phone:				
			Phone:				
Insurance Carrier:							
Policy Number:							
inherent in the camp activitemployees/clinicians from or required arising out of a	ty. I also agre any and all li ctions of my	ee to hold ha iability, loss, dependent i					
			quires medical care; I authorize the staff of the ild, necessary medical treatment.				
Parent Name:							
Parent Signature			Date				