



2022 Warrior Wrestling Camp June 14th & 15th



The Wahoo High School Wrestling team will be hosting its annual wrestling camp again this summer. The goal of this camp is to provide a fun opportunity to learn and grow for wrestlers of all ages. Camp will consist of technique, skill work and drills, as well games and some conditioning for older age groups. This camp also provides an opportunity for High School wrestlers to prepare for the team camp we will be attending in June.

Cost \$35.00 per wrestler & includes camp T-shirt, and snack during sessions.

Age: KDG through 12th Grade

Forms & Payment:

All entries must be mailed by May 31st to ensure T-shirt during camp
Make checks payable to: *Warrior Wrestling Club*



Chad Red Jr.

Clinicians:

Featuring Chad Red Jr.
Wahoo High School Wrestling Coaches
as well as current and former Warrior Wrestlers.

New Palestine High School
183-0
4X Indiana State Champion
2014 Super 32 Champion
2014 Fargo Junior Cadet Nationals Champion

Location:

Wahoo High School Wrestling Room

University of Nebraska Lincoln
98-46
4X Big 10 Conference Placer
5X NCAA Championship Qualifier
3X NCAA All-American

Schedule

Tuesday & Wednesday
8:30 am -9:00 High School/ Middle School (6th- 12th) Check in
9:00 am- 11:30 HS/ MS Instruction: techniques, drills, games & live wrestling
12:30 pm-1:00 Elementary (KDG- 5th) Check in
1:00 pm – 3:30 Elementary Instruction: technique, drills, games & live wrestling

For Questions Contact:

Darold Foster- (402) 659-1193 dfoster@wahoowarriors.org
Or
Clete Vrbka- (308) 548-8548 cvrbka@wahoowarriors.org

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Mail or Return to: Darold Foster, 2201 N. Locust, Wahoo NE, 68066 **Please mail by May 31st**

Name: _____ **Grade (2022-23):** _____ **School:** _____

Address: _____ **City, State, Zip:** _____

Phone Number: _____ **Alternate contact #:** _____

T-Shirt Size: (Circle one) YS YM YL S M L XL XXL

I accept the responsibility with the risk of serious injury and accidents that may occur during the camp. I relieve the camp directors, coaches and Wahoo High School from liability. I give permission for the medical personnel to treat my child in case of an injury or illness. I will also allow the camp to use images taken from event of my child in future camp promotional materials

Parent Signature _____ **Date:** _____