

# Anderson College WRESTLING CAMP

2005

Day Camp,

June 14th through June 16th

- Location: Anderson College
  - Ages: 8 and Up
  - Cost: \$125
- Includes T-shirt
  - Insurance
  - Daily lunch
  - Facilities

## Two Instructional Sessions per Day:

- Morning Session - 9am -12noon
- Afternoon Session - 1-4pm

## Contact Information:

AC Wrestling Office -  
(864) 231-5752  
dkelly@ac.edu

\*Parents: If your child has specific needs please bring it to our attention

## Camp Information

- Campers will receive top quality instruction from the Camp Clinicians and Anderson College wrestlers
- Our focus is to teach basic fundamentals and drilling techniques to increase mat skills, intensity, and toughness
- Campers will learn in a fun, positive environment where young wrestlers can become more confident on the mat and solidify their winning attitude.
- Every camper will get personal attention and instruction that will help him become a better wrestler.

## Camp Clinicians

- **Dock Kelly** - Head Wrestling Coach and 1995 National Wrestling Hall of Fame inductee
- **Tim Morrissey** - National Champion, 3 Time All-American, 2 Time ACC Champion wrestler
- **Marty Fagerman** - NCAA Division I National qualifier and 4-year Division I starter at Furman University

Registration Form 2004 Anderson College Trojans Wrestling Camp

Camper's Name: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_  
School: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
SS# \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #(\_\_\_\_) \_\_\_\_\_ Work Phone#: (\_\_\_\_) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
If you are 10 or 11 years old please indicate which session you want to attend: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_  
T-Shirt Size (Adult Sizes) \_\_\_\_\_

A non-refundable deposit of \$50 must accompany your application in the form or check or money order (do not send cash in the mail). Make money orders or checks payable to Trojans Wrestling Camp, 316 Boulevard, Anderson, SC 29621. Application and deposit must be received by May 28, 2004.

Cost: \$125.00

Amount enclosed: \_\_\_\_\_

Day Camp Session 1, Day Camp Session 2

Emergency Health Form

Camper's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Any known allergies, medical conditions or pre-existing injuries: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

My family physician is Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

The following consent should be signed by the parent/guardian. The law requires that parent permission be obtained for operative procedures on minors. We need this form completed so we may perform such procedures without unnecessary delays. However, no operation will be performed, without parents being contacted and fully informed.

I also understand that the AC Wrestling Camp is not responsible for a pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day of camp, and the AC Wrestling Camp will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervision.

Printed full name of parent/guardian \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

**Anderson College, Wrestling Office  
316 Boulevard  
Anderson, SC 29621**

Anderson College  
Trojans  
**WRESTLING  
CAMP**  
2005

June 14th – June 16th

