

Introductory Bears Youth Wrestling Camp



What: LC Bears youth wrestling camp

Who: K-8th Graders in any school corporation

Where: Lawrence Central Wrestling Room – Enter through Door 9

Structure: The camp will be 3 weeks long and include practices, dual meets and an end of season individual tournament. Wrestlers will be randomly placed on team by weight and age. Coaches will be made up of current Lawrence Central wrestlers and Coaching Staff.

Sign-ups: Online sign-ups will begin October 1st at bearswrestlingcamp.eventbrite.com

Or in person Monday, Nov. 4th from 5-5:45pm; wrestlers will have their 1st practice at 6pm

Cash or make checks Payable to Bears Wrestling Club

Wrestlers can be signed up any day of the season

Schedule – All Practices are from 6-7:30pm; Duals are from 6-8pm:

Week 1: Practice Nov. 4th, 6th, 7th (Mon., Wed., Thurs.)

Week 2: Practice Nov. 11th, 13th, 14th (Mon., Wed., Thurs.)

Week 3: Practice Nov. 18th (Mon.)

Dual Meets Nov. 20th (Wed. 6-8pm)

Practice Nov. 21nd (Thurs.)

Tournament:

Sun. Nov. 24th – Wrestlers report at 8am

Wrestlers will be placed in tournament by age and weight

Round 1- Starts at 9am

Tournament should finish around noon

Each wrestler will receive a medal and t-shirt

Other Info: Contact Coach Franklin with any questions at joshuafranklin@msdl.k12.in.us

Cost: \$50 per wrestler

Parents will need to sign and turn in waiver

Bears Wrestling Club: *The Bears Wrestling Club begins on Monday Nov. 25th through the month of May. Sign-ups will be held Nov. 20th, Nov. 24th and throughout club wrestling season. The club is open to k-8th grade in any school district. Practice will typically Mondays and Wednesdays 6-7:30pm (No online sign-ups for club wrestling).*

I hereby approve of the participation in Bears Wrestling Club Introductory Wrestling Camp. The signature on this form indicates that I accept full responsibility any and all injuries or damages received by the participant. I hereby waive and release the camp directors, coaches and camp workers from any and all injuries incurred while participating in or traveling to/from this camp. I acknowledge that this camp is not under the direction of the Metropolitan School District of Lawrence Township and therefore not responsible or liable for any injury/damage incurred while participating in or traveling to/from this camp.

Wrestler's Name (Print neatly): _____

Parent/Guardian Signature: _____

Emergency Contact Number: _____

Contact Email: _____