

YHS Miller Wrestling Camp

The Yukon Miller High School Wrestling Camp is organized to provide an opportunity for wrestlers of all ages and skill level. We will provide instruction in both mental and physical aspects of the sport, from players and coaches who have experienced the sport at all levels. It will be a fun, but competitive atmosphere where the areas of focus will be: Takedowns, Bottom Wrestling (reversals and escapes), and Pinning Combinations that will give the wrestlers that attend the competitive edge over their opponents. New technique of various moves and a complex workout strategy will be taught.

Games will be played on the last day along with a possible tournament.

Food and Drinks provided for lunch the last day.

Clinicians include: Joe Schneider, Head High School Coach
Dane Meyer, Yukon High School Assistant Coach

Others include: Members of the Yukon High School Wrestling Team

Date & Times: June 7th, 8th, & 9th (Tue, Wed, & Thur.) Ages 5 – 14 9:00am – 12:00noon

Equipment Needed: T-shirt, shorts, and Wrestling shoes (if you own them) (If not we have extras)

Location: Yukon H.S. 9-10 Wrestling Room

Cost: \$50.00

Registration: Complete application form and return it with full fee to 768 Okie Ridge, Yukon, OK 73099.

Make checks payable to Joe Schneider. Fee is non-refundable after June 1st. All returned checks are subject to an additional \$25.00 fee. If you have any questions, please feel free to contact Coach Schneider at 354-0413 (work) or 354-8087 (home)

(cut off here and return registration sheet with payment)

Campers Name _____ Address _____

Phone _____ Age _____ T-shirt Size _____

Parents Name _____ Work #'s or cell #'s _____

Emergency Contact _____ Phone _____

The camp director reserves the right to dismiss anyone for any violations during the camp.

I understand that all coaching staff at the YHS Wrestling Camp and the YHS School District shall NOT be liable for personal injury or property damage/lost arising from participation in the Miller Camp.

In case of injury or illness, I authorize medical treatment for my Child _____ in my absence.

Parent Signature

Date