

2019 WILBER - CLATONIA TEAM CAMP

AT DOANE UNIVERSITY

WHEN JUNE 24th, 25th, 26th

WHERE FUHRER FIELD HOUSE | CRETE, NE, 68333

PRICE ○ **DORMS** \$90/Wrestler

○ **COMMUTER** \$50/Wrestler

Any team registered and paid by June 17th will receive a 10% discount

LEAD CLINICIANS

MATT HANSEN HEAD DOANE UNIVERSITY COACH

Amateur Wrestling News' 2016 "Rookie Coach of the Year"

NATE HANSEN HEAD SIMPSON COLLEGE COACH

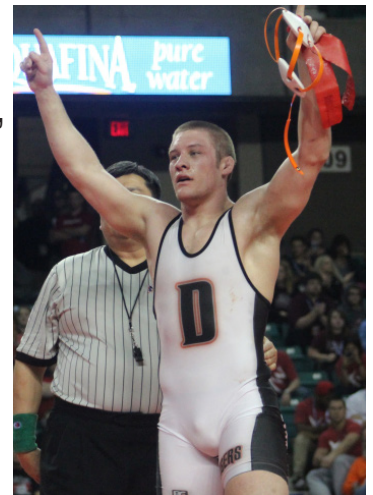
2007 125LB DIII National Champion

CODY LINTON ASSISTANT DOANE UNIVERSITY COACH

2016 197LB NAIA National Champion

KODIE COLE ASSISTANT DOANE UNIVERSITY COACH

Two-Time NAIA All-American



SESSION SCHEDULE

MORNING: 9AM - NOON

EVENING: 1PM - 4PM

16 FULL MATS

Most wrestlers will get 10-15 matches. All teams get 9 duals. Individuals and small teams welcome. You will be paired with another team.

AWARDS

Each team will receive 2-5 T-shirts to give to outstanding or improved wrestlers.

HOUSING

Wrestlers will be housed in Doane dorms. Please note there is no food being served. Concessions will be available for purchase.

SCHOLARSHIPS

A limited amount of scholarships for needy wrestlers are available - Contact Coach Bates for details.

REGISTRATION

Fill out the attached form and send it to Coach Bates along with your team roster.

IMPORTANT ALL ENTRIES ARE DUE TO COACH BATES BY **JUNE 17TH**. CAMP IS LIMITED TO FIRST 32 TEAMS AND 500 WRESTLERS. \$20 LATE FEE PER WRESTLER FOR REGISTERING AFTER THE 17TH.

CONTACT INFORMATION

COACH BATES JAMES.BATES@WILBERCLATONIA.ORG | (402) 499-4897

123 River Rock Road, Wilber, NE, 68465

COACH HANSEN MATT.HANSEN6609@DOANE.EDU | (515) 537-8355

PAPER REGISTRATION FORM

TEAM NAME _____

COACH _____ **COACHES PHONE NUMBER** _____

NAME _____ **PHONE NUMBER** _____

GRADE _____ **WEIGHT** _____ **2019 RECORD** _____

STAYING IN THE DORMS **OR** **COMMUTING**

INSURANCE PLAN AND NUMBER _____

PARENT SIGNATURE _____

I acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal disciplines may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I RELEASE AND HOLD HARMLESS Doane University and the program sponsor and their trustees, directors, employees and volunteers ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE AND HOLD HARMLESS AGREEMENT, FULLY UNDERSTAND, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

PRINT PARTICIPANT'S NAME _____

PARTICIPANT'S SIGNATURE _____

AGE _____ DATE SIGNED _____

EMERGENCY PHONE NUMBER _____

FOR PARTICIPANTS OF MINORITY AGE:

(Under the age of 19 at the time of registration)

I, as a parent/guardian for this participant, do consent and agree to his/her release and hold harmless. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the minor child's participation in the program, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PRINT PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE SIGNED _____

