

12th Annual

Presented By:

Winter Break Training Camps



BENEFITS OF A TRAINING CAMP:

- *Limited number of wrestlers allowed to attend (more attention)
- *Taught a proven system that will work at all levels of wrestling
- *Constantly drilled over moves shown so you LEARN them
- *Live situations to practice moves taught

Camp Dates:

- Camp 1: Takedown Training Camp (Mon, Dec. 26th)
- Camp 2: Escapes & Reversals Camp (Tues, Dec. 27th)
- Camp 3: Tilts & Turns Camp (Wed, Dec 28th)
- Camp 4: Front Headlock (offense/defense) (Thur, Dec 29th)

Location: Martensdale St. Mary's HS Wrestling Room

Cost: \$35 per camp (cash, check or Paypal online)
(Checks payable to: High Altitude Wrestling Club)

Schedule For Camp: 9am-Noon or 1:30-4:30pm (pick 1)
Front Headlock Camp only 9am-Noon

Register: Online (at www.highaltitudewrestling.com),
or mail bottom half in with payment.

Grades: K-12th (Limited to 40 wrestlers per camp time)

Outline: Technique, drilling, LIVE (situations & wrestling)

Please note: Your spot in camp is not guaranteed until I receive your camp form and full payment! NO REFUNDS...only camp credit!

High Altitude Wrestling Club Merchandise will be available for purchase!

Please Note: Drive to back of school (north side) and enter through blue doors. No Filming! No parents on mat during camps!

Please Circle Camp(s) and Time(s) Attending:

Takedown (Dec. 26th)
9-Noon or 1:30-4:30

Escapes & Reversals (Dec. 27th)
9-Noon or 1:30-4:30

Tilts & Turns (Dec. 28th)
9-Noon or 1:30-4:30

Front Headlock (Dec. 29th)
9-Noon (only 1 camp)

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____ Grade: _____ Weight: _____

I certify my child has been cleared by a physician and hereby give my permission for any and all activities involved in the wrestling training camp. I further waive any legal action against High Altitude Wrestling Club, Chad Tunink, Evan Hansen, Dusten Reed, Cody Swim, Robert Walker, David Walker, Martensdale St. Mary's Community School District, Martensdale St. Mary's High School, and its employees for injuries my child may incur.

Parent's Signature: _____ Date: _____

MAIL BOTTOM HALF TO:

High Altitude Wrestling Club
601 SE 13th Street
Grimes, IA 50111

CONTACT INFO: Chad Tunink 641-757-1287 (c) chad@highaltitudewrestling.com

Facebook: highaltitudewrestling Twitter: HAWrestling Instagram: high_altitude_wrestling Nutrition: www.4foreverfit.com

For More Information On My Club, Camps and/or Merchandise: www.highaltitudewrestling.com