



19th Annual HIGH ALTITUDE WRESTLING CAMPS At WESLEY WOODS

2024 WRESTLING CAMP DATES:

June 28-July 1: Takedown Wrestling Camp
July 12-15: Top/Bottom Wrestling Camp
July 26-29: "CHAMP" Camp
August 2-5: "CHAMP" Camp 2.0

**Please Note: All camps have limited spots available*

WHERE

Wesley Woods Camp & Retreat Center
10896 Nixon Street
Indianola, Iowa 50125

SHORT HISTORY OF CAMP:

This is our 19th year of running summer camps and 8th year at Wesley Woods Camp and Retreat Center! The camp has come a long way from when it first started at Springbrook State Park in 2006 with 15 wrestlers. We have had wrestlers from 23 states attend: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, South Dakota, Texas and Wisconsin.

WHY IS THIS CAMP DIFFERENT?

Low numbers allowed in (44 wrestlers maximum per camp), more attention with 1 counselor per 8-10 wrestlers, taught a proven system of high-level technique, constantly drilled over techniques taught so you learn them, live wrestling, air-conditioned facilities, fun activities such as: swimming in a pond, fishing, wiffle ball, rock wall, archery, etc. Your son will become a better wrestler at these camps...GUARANTEED!

GRADES: 2nd-12th grade (*under 2nd needs approval*)

COST: \$425 for all camps

Commuter Option: We offer a commuter option for grades 1-3 as some don't want to spend the night away from home (if older and want to commute please contact me). The cost is still the same as they will be doing all the same activities and meals. They will need to be picked up after last session each night and dropped back off before first session next day! There is NO commuter option for the "CHAMP" Camp 2.0!

REGISTER & PAY (By Mail or Online):

Mail flyer and \$225 deposit by June 1st (**remaining balance due by July 1st**) ****Its best to sign up early as these camps fill up!****
****Deposit is non-refundable – only camp credit! (if not placed in camp deposit will be refunded! *Can also register and pay online through my website!****

CAMP AGENDA:

Takedown Training Camp: This camp focuses on takedowns, short offense/defense, bad positions, scrambling and other things. Athletes will go through three very structured practices per day (including drilling, hard drilling and LIVE!) and get a feel for each move taught. Your son will get hands on attention and learn the moves taught.

Top/Bottom Training Camp: This camp will focus on learning how to turn/pin people and being able to escape from anyone. There will be three very structured practices a day including drilling, hard drilling and LIVE! When you leave camp, you will be able to turn and escape from anyone!

CHAMP Camp: Wrestlers will be taught a proven system that will help them reach their goal of being a "CHAMP" (whether it be a State Champ, National Champ, etc). Wrestlers will hit tons of reps at this camp and also be put into live situations from the moves they learned. We will also correct mistakes that we see in live wrestling. This will be a fast pace camp so experience is very important! I guarantee when your child leaves this camp, he will have improved a TON!

CHAMP Camp 2.0: This camp is set up very similar to our popular CHAMP Camp but this will also include a morning workout (might be a run or wrestling practice) and sometimes an extra night workout (might be a run or wrestling practice). So, there will be four workouts a day and sometimes five! This camp will really improve your wrestler!

Contact Info: Chad Tunink

641-757-1287 (c)

chad@highaltitudewrestling.com

Site: www.highaltitudewrestling.com

Like Us: [facebook.com/highaltitudewrestling](https://www.facebook.com/highaltitudewrestling)

Follow us: twitter.com/HAWrestling

Instagram: [high_altitude_wrestling](https://www.instagram.com/high_altitude_wrestling)

Nutrition: www.4foreverfit.com

REGISTRATION FORM:

2024 High Altitude Wrestling Camps @ Wesley Woods Camp & Retreat Center

Wrestler's Name: _____

Parent(s) Names: _____

Address: _____
Street Address City State Zip

Age: _____ Grade (Next year): _____ Weight: _____ Birth date: _____

Home/Cell #: _____ Emergency #: _____

Wrestling Accomplishments: _____

Email Address: _____ **Please add chad@highaltitudewrestling.com**

You will receive an email including a camp schedule, etc 2-3 weeks before the start date of the camp

PLEASE CIRCLE CAMPS YOU WANT TO ATTEND:

Takedown (June 28-July 1) Top/Bottom (July 12-15) CHAMP Camp (July 26-29) CHAMP 2.0 (August 2-5)

Commuting: Yes or No (you can commute for all camps except CHAMP Camp 2.0)

T-SHIRT SIZE: (circle one): YS YM YL AS AM AL AXL AXXL

Medical Company: _____ Policy # _____

Please List Any Medical Conditions We Need To Know About: _____

I fully understand that the High Altitude Wrestling Club staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the High Altitude Wrestling Club staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the High Altitude Wrestling Club staff to call our doctor and to seek medical help, including transportation by a High Altitude Wrestling Club staff member and / or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the High Altitude Wrestling Club staff deem this to be necessary. In consideration of your acceptance of this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators waive and release HIGH ALTITUDE WRESTLING CLUB, THEIR AGENTS, REPRESENTATIVES, COACHES, VOLUNTEERS, FROM ANY AND ALL CLAIMS OR RIGHTS TO DAMAGE FOR INJURIES, ILLNESSES, SKIN INFECTIONS, OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY IN TRAINING OR TRAVELING TO OR FROM OR COMPETING IN, OR ATTENDING the training camp. By signing below I am also giving permission to post my son(s) picture and/or info on future camp flyers, High Altitude Wrestling's Social Media (Facebook, Twitter, Instagram, etc) and High Altitude Wrestling's website.

Participants Signature: _____ Date: _____

Parent(s)/Guardians Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO: High Altitude Wrestling Club

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CONTACT INFO:

Chad Tunink

641-757-1287 (cell)

Email: chad@highaltitudewrestling.com

Website: www.highaltitudewrestling.com

Facebook: www.facebook.com/highaltitudewrestling

FILL OUT & RETURN TO:

High Altitude Wrestling Club

601 SE 13th Street

Grimes, IA 50111

Twitter: www.twitter.com/HAWrestling

Instagram: [high_altitude_wrestling](https://www.instagram.com/high_altitude_wrestling)

COVID 19 Waiver and Release Form:

Assumption of Risk, Release and Waiver of Claims,

I, the registered wrestler, am a wrestler and participant at High Altitude Wrestling Club operating Club/Clinics/Camps (“HAWC”). I understand that the nation is in the midst of the COVID-19 pandemic, which presents certain unusual health risks that are highly publicized, including fatal illness. I voluntarily chose to participate in a wrestling academy/clinic/camp sponsored and organized by HAWC. In consideration for my participation therein, I, on behalf of myself, my personal representatives, heirs, and assigns, hereby:

1. Acknowledge, understand, and agree that there are certain inherent risks and dangers associated with my participation in wrestling and High Altitude Wrestling Club/Camp/Clinics, including but not limited to the risk of contracting COVID-19, I knowingly and voluntarily accept and assume full responsibility for each of these risks and dangers, as well as all other risks and dangers that could arise out of or occur during my participation in or association with HAWC.
2. Acknowledge, understand, and agree that at all times that I am participating at HAWC I will use my best efforts to comply with any and all instructions provided by HAWC with respect to maintaining my health and safety, including following CDC Guidelines (e.g., washing hands often, use of hand sanitizer, proper social distancing where possible, wearing appropriate personal protective equipment, covering mouth when coughing or sneezing, and staying home if not feeling well). Additionally, I agree to self-quarantine for 14 days upon arrival back home following my HAWC camp.
3. Acknowledge that, in the event a wrestler, including the undersigned wrestler, must leave due to illness, including COVID-19, that the remaining wrestlers, including the undersigned wrestler may continue to participate at HAWC at their own risk. Further acknowledge that HAWC cannot, and will not, cease its business activities including High Altitude Wrestling Club/Camps/Clinics, each time a wrestler appears to be ill.
4. Acknowledge that HAWC is not a healthcare provider and diagnose or treat illnesses. Consequently, HAWC will not diagnose or treat illnesses at their Club/Camps/Clinics.
5. RELEASE, WAIVE, AND FOREVER DISCHARGE HAWC (and its respective owners, members, agents, employees, servants, officers, directors, successors, assigns and affiliates) (“Releasees”) from any and all claims, demands, actions, or causes of action I, or anyone on my behalf, may hereafter have against Releasees for loss or damage of any kind (including personal injury, illness, disability, and/or death) which occurs because I contracted COVID-19 while participating with or around, or any of the events and activities associated therewith, whether caused by Releasees’ own negligence or otherwise.

I expressly agree that this Assumption of Risk, Release and Waiver of Claims is intended to be as broad and inclusive as is permitted by the law of the State of Iowa or any other state’s laws under which this Agreement may be construed and that if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIMS. (Parent and Athlete Agreement)

Full Name (please print) _____

Signature _____

If under 18:
Signature of Parent or Guardian _____

Date _____