



10th ANNUAL WRESTLING CLINIC

- **Date:** June 25-27th, 2023 from 9:00AM to 10:30 and 11:30 TO 2:00PM
- **Location:** Saint Marys High School Auxiliary Gym
3220 N. Pleasants HWY
St. Marys, WV 26170
- **Grades K through 5th first session; 6th through 12th second session**
- **\$40 per wrestler (K to 5 - 1.5 HRs of instruction daily) and \$70 per wrestler (6 to 12 – 2.5 HRs of instruction daily) – Those registering by June 18th will receive a free T-Shirt!**
- **Featuring:**
 - **Pat Sole – National Wrestling Hall of Fame and Former OVU/Liberty University Wrestling Coach**
 - **Chris Daggett – Former OVU Staff and Collegiate Wrestler**
- **Technique instruction in the areas of:**
 - Improved footwork drills
 - Finishing shots
 - Break downs and escapes
 - Riding legs
 - Tilts
- **More information contact Jay D. Smith at 304-966-6577/ jay.d.smith@k12.wv.us or Samantha Mixer at 304-684-7525**

Registration Form (Mail Along with Check)

**Make checks payable to PLEASANTS COUNTY MAT BOOSTERS
\$40 for first session; \$70 for second session:**

Mail or sign up at:
Jim Spence Center
c/o OVU Wrestling Camp
605 Cherry Street
St. Marys, WV 26170

Name: _____
Street: _____
City/State: _____
Zip: _____
Weight: _____
School: _____
Grade (going into): _____

T-Shirt Size: YOUTH S M L XL
(Circle) ADULT S M L XL 2X

PARTICIPANT WAIVER
(Please mail along with the check)

By signing below, camp/clinic participant and its legal guardian acknowledges and understands that Pleasants County Parks and Recreation staff and volunteers will not be responsible, financially or otherwise, for any injury sustained by the camp/clinic participant while participating in the Wrestling Clinic Program sponsored in part by volunteer coaches/athletes and the facilities of Saint Marys High School.

Camp/clinic participant and its legal guardian further agrees that the participant holds adequate medical insurance while participating and that all claims for injuries sustained by club participant will be submitted to and covered by this individual's medical insurance policy.

Policy Company/Number _____

Acknowledged and accepted this ____ day of ____ 2024.

Legal Guardian/Emergency Contact

Participant