

HIGH TECH WRESTLING CAMPS

July 29th, 30th, 31st

New reduced team rate
ONLY \$85.00/wrestler
(team of 10 or more)
ONLY \$100.00 individual

This camp is for the wrestler that is looking to improve on takedowns, to score off bottom, and to control and turn from the top position.

A few highlights:

Two Technique Sessions per day offered by:

Kenard Booker: Former College Head Coach, All-American

- Coach of over 40 College All-Americans and 6 National Champs, High School State, Asics Junior National, Tulsa National, Reno Worlds, USJOC, OKWA Champs and placers: even a US Open Champ
- Three days of technique, discussion on understanding mental motivation and preparation, and a t shirt
- **At Moore High School from 10:00am to 3:00pm (split in two sessions)**
- **Morning Session: 10:00am 12:00 noon**
- **Afternoon Session: 12:45pm to 2:45pm**

YES! Enclosed is my check for **\$85.00 (team rate)**, please mail required forms.

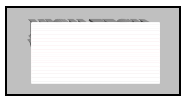
Enclosed is my check for **\$100.00 (individual rate)**, please mail required forms.

No, not this year, but keep me in mind for future camps.

Name _____

Team: _____

Address _____



2008 HIGH TECH WRESTLING CAMPS

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(3 Day) TECHNIQUE CAMP (AGES 5-18)

COST: Preferred camp fee: \$100.00 includes t-shirt (\$125.00 if paid at the door)*only cash or a money order will be accepted at check-in

Enclosed is my deposit check for \$75.00 (deposit must be received by June 15) (deposit non-refundable)

Please Print

_____/_____/_____
Last Name First Name Home Phone email

Address City State Zip

Weight Grade, Fall 2007-08 Shirt size S M L XL

Years wrestling: Wrestling Accomplishments:

TEAM RATE

(Team Rate deposit must be received by June 15)

(3 Day) TEAM RATE (MAX 10 KIDS)

COST: \$850.00 (EACH ADDITIONAL WRESTLER ADD \$75.00)

Enclosed is my deposit check for \$300 (deposit non-refundable) *only cash or a money order will be accepted at check-in

Enclosed is my check for \$850.00.

Team or Club Name: _____

Contact Name: _____ Contact Phone: _____

DATE COMPLETED: _____/_____/_____

PLEASE COMPLETE AND SIGN THE HEALTH FORM.

Send application, health form, and deposit to:

High Tech Wrestling Camps
5321 S. 7th E., Muskogee, OK 74403

CONTACT KENARD BOOKER
918-781-3925

*You have the right to cancel for a full refund up to five days after postmark.
Team Camp deposit and application must be postmarked by June 15, 2008 to receive preferred camp fee and tshirt.*



For office use only

| Postmark Date | Date Received | Amt Deposit | Bal Due | Receipt #/Check # |
|---------------|---------------|-------------|---------|-------------------|
| | | | | |

**High Tech Wrestling Camps
2008 Health Form**

PERTINENT MEDICAL INFORMATION

Please Print

Child's Name _____

Parent or Guardian

Home Phone

Work Phone

Address

City

State

Zip

Name and Phone Number of Individual(s) to Contact in Case of Emergency

Name and Phone Number of Individual(s) to Contact in Case of Emergency

*PERMISSION FOR MEDICAL TREATMENT, RELEASE OF MEDICAL INFORMATION AND PAYMENT OF MEDICAL EXPENSE
I REQUEST AND GIVE PERMISSION to the physicians and medical staffs at the nearest Medical facility, which may include Hospitals and Urgent Care clinics to treat the above-named participant appropriately, including hospitalization, prescribing medication, and performing emergency medical procedures.*

I AUTHORIZE release of any medical information to the treating facility(s) and/or physicians which may be pertinent to any diagnosis or treatment of the above-named participant.

I UNDERSTAND that any charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier, which is:

Medical Insurance Co.

Policy #

Address

City

State

Zip

***Waiver:** My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the High Tech Wrestling Camp Staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp. The enclosed applicant fee has not been provided by any representative(s) of the institution's athletic interest.*

Parent or Guardian Signature

Date

IMPORTANT NOTICE

The High Tech Wrestling administrators, clinicians, coaches, hosting facility nor staff DOES NOT Carry Group or any Medical Coverage For This Camp. By signing above, you agree to pay for any medical cost related to accident or injury while participating in this camp.

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Kenard Booker
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Muskogee, OK 74403
918-781-3925

