

HIGH TECH WRESTLING The Camp in the East

June 24th, 25th, 26th

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 Ft. Gibson High School**
- **Morning Session: 10:00am 12:00 noon**
- **Afternoon Session: 12:45pm to 2:45pm**

YES! Enclosed is my check for **\$85.00 (team rate)**, enclosed are the required forms.

Enclosed is my check for **\$100.00 (individual rate)**, enclosed are the required forms.

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

Name _____

Team: _____

Address _____

City _____ State _____ Zip _____ Phone _____

High Tech Wrestling Camps
5321 S. 7th E., Muskogee, OK 74403
Phone 918-781-3925
E-mail hightechwrestling@suddenlink.net



2008 HIGH TECH WRESTLING CAMPS

June 24, 25, 26

Two Technique Sessions per day offered by:

Kenard Booker: Former College Head Coach, All-American

Coach of 41 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!

June 24th, 25th, and 26th

(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 May 15*) (*deposit non-refundable*)

Please Print

<hr/>	/	/	
Last Name	First Name	Home Phone	email
<hr/>			
Address	City	State	Zip
<hr/>			
Weight	Grade, Fall 2007-08	Shirt size	S M L XL
<hr/>			

Years wrestling: _____

TEAM RATE

(Team Rate deposit must be received by May 1)

(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.
Camp deposit and application must be postmarked by May 15, 2008 to receive preferred camp fee and teeshirt.*



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 judgement 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.

Send application, health form, and fees to:

High Tech Wrestling Camps
Kenard Booker
5321 S. 7th E.
Muskogee, OK 74403
918-781-3925

