

McAlester High School
July 14th, 15th, 16th

2009 HIGH TECH WRESTLING CAMPS

Moore High School
July 28th, 29th, 30th

ONLY
\$100.00 FOR INDIVIDUAL
TEAM RATE \$90.00 WRESTLER
(TEAM OF 10 OR MORE)

***This camp focuses on
improving takedowns, to
score off bottom, and to
control and turn from the top
position.***

Technique 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

Two Technique Sessions each day offered

- Three days of technique, discussion on understanding mental motivation and preparation, and a t shirt
(two sessions each day)
- **Morning Session: 10:00am 12:00 noon**
- **Afternoon Session: 12:45pm to 2:45pm**
- **What to bring:**
 - SHORTS/TSHIRT (NO ZIPPERS), WRESTLING SHOES
 - WATER BOTTLE
 - LUNCH (MEALS WILL BE AVAILABLE FOR \$3.50 PER DAY)



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

2009



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July 14th, 15th, 16th



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Two Technique Sessions per day offered by:

Kenard Booker: Former College Head Coach, All-American

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(3 Day) TECHNIQUE CAMP (AGES 5-18) – Please Check mark the camp dates you are paying for.

McAlester High School:

July 14th, 15th, 16th (Enclosed is my check for \$100.00 (preferred camp fee must be received by June 15 and is non-refundable)

Moore High School:

July 28th, 29th, 30th (Enclosed is my check for \$100.00 (preferred camp fee must be received by June 15 and is non-refundable)

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

Please Print

Last Name	First Name	Home Phone	email
Address	City	State	Zip
Weight	Grade, Fall 2008-09	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 (minimum 10 KIDS)

COST: \$900.00 (EACH ADDITIONAL WRESTLER ADD \$80.00)

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 \$900.00.

Team or Club Name:	Contact Name:	Contact Phone:
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PLEASE COMPLETE AND SIGN THE HEALTH FORM FOR EACH WRESTLER.

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 in writing for a full refund up to five days after postmark.
Team Camp deposit and application must be postmarked by June 15, 2009 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
2009 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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