

# TWISTER WRESTLING ACADEMY

The Twister Wrestling Academy is for serious wrestlers who want to set high personal goals and who want to get supplemental coaching in addition to their local team. The academy is intended on helping wrestlers get the best possible workout partners along with coaches that will provide top level technique and strategy.

The purpose of the academy is to supply the wrestlers with all of the things they need to become champions. Emphasis will be on the systematic learning of basic wrestling skills as well as advanced techniques used by upper level college wrestlers. The coaching staff will include myself, Adam Keiswetter, Adrian Jiron and also appearances by other successful wrestlers and coaches.

The goal of the academy is to train serious wrestlers during the off season months to compete in local, state and national tournaments. The technique will be mostly Folkstyle but Freestyle and Greco Roman techniques will also be taught especially in the weeks prior to the state Freestyle/Greco tournament. The Twister Wrestling Academy will focus on 3 areas: Intense Drilling, Technique development, and live wrestling/conditioning. Other topics may include wrestling specific nutrition, mat strategy, strength training, and physical conditioning.

## APPLICATION

Cost: \$75 per session

Session 1: March 4-27 Folkstyle

Session 2: April 1-24 Freestyle/Greco

All wrestlers must purchase a USA wrestling card.

**Mondays/Wednesdays 6:30-8pm LHS**

Name \_\_\_\_\_

Age \_\_\_\_\_ Wt \_\_\_\_\_ Tshirt Size \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

USA Wrestling Card # \_\_\_\_\_

## WAIVER & RELEASE AGREEMENT

Upon acceptance of this application, I hereby waive and release any and all rights and claims against St Vrain Public Schools and Longmont High School and all its employees and agents on account of any injuries or illness sustained by my child while attending camp/tournament. I authorize the director of the camp of his/her designee to select hospital facilities and/or physician of his choice and authorize treatment on an emergency basis in the event such treatment becomes necessary as a result of participation in the Twister Wrestling Academy.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Owner \_\_\_\_\_

## CONTACT INFORMATION

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