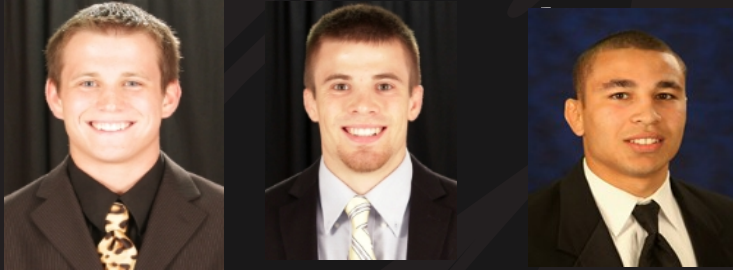


TWISTER WRESTLING ACADEMY



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 high level college wrestlers. The coaching staff will include: Tim Crocker, Chase White, and Dalton Jensen.

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

Mondays and Wednesdays at Kearney High
Cost: \$50
1st-4th Grades: 5:30-7:00pm
5th-12th Grades: 7:15-8:45
Must Have a USA Wrestling Card

Full Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Grade _____
Email _____
Age _____ Weight _____ T-shirt size _____
School _____ Coach _____
Emergency Contact _____
USA Wrestling Card # _____

WAIVER & RELEASE AGREEMENT

Upon acceptance of this application, I hereby waive and release any and all rights and claims against Kearney Public Schools and Kearney High School and all its employees and agents on account of any injuries or illness sustained by my child while attending camp. I authorize the director of the camp or 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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Kearney NE 68845

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Email: Tim@twisterwrestling.com

Website: www.twisterwrestling.com

Make Checks payable to: Tim Crocker