

GRAND VIEW UNIVERSITY

WRESTLING

TECHNIQUE

CAMP



JULY 7-10 • GRAND VIEW UNIVERSITY • DES MOINES

Grand View University Wrestling Technique Camp is designed to help athletes understand the basic fundamentals of the sport that will translate to future wins. The technique sessions will concentrate on all three positions: neutral, top and bottom. The sessions will feature top drills that Grand View has used to become a nationally-recognized program. The athletes will participate in live wrestling each day, and will learn about nutrition, weight training and motivation.

TYPICAL DAY

7:30 a.m. – 8:30 a.m.	Breakfast
9:00 a.m. – 11:00 a.m.	Technique
11:30 a.m. – 12:30 p.m.	Lunch
2:00 p.m. – 3:30 p.m.	Technique
3:30 p.m. – 4:00 p.m.	Live wrestling (commuters dismissed)
4:30 p.m. – 5:30 p.m.	Supper
6:30 p.m. – 7:00 p.m.	Guest speakers on motivation, goal setting, nutrition, weight lifting
7:15 p.m. – 9:00 p.m.	Recreation
10:30 p.m.	Lights out

IMPORTANT DETAILS

- The camp is open to **4th through 12th graders**.
- **Check-in Tuesday, July 7,**
Resident – 1:00-1:30 p.m., Langrock Suites, 1434 Hull Avenue
Commuter – 1:30-2:00 p.m., Viking Events Center, 3839 E. 14th St.
- **Check-out Friday, July 10, 11:00 a.m.** at Langrock Suites.
- **Cost:** Resident – \$320
Commuter – \$200, includes lunch
- **Limited** to the first 50 wrestlers.
- **A \$50 non-refundable deposit is due by July 1.**
- **Please bring** wrestling and running shoes, workout clothes, swim suit, spending money for snacks at the camp store and bedding if you are a resident camper.

FOR MORE INFORMATION, CONTACT:

Paul Reedy, associate head wrestling coach

Office: 515-263-6059

Cell: 319-230-4059

preedy@grandview.edu

CAMP REGISTRATION Sign Waiver, Release, and Health Statement on reverse.

Participant		
Age	Weight	Grade
Parent/Guardian		
Address		
City	State	Zip
Cell phone	Home phone	
Email		

Emergency contact
Emergency contact's phone number
<input type="checkbox"/> Resident Camper (\$320) <input type="checkbox"/> Commuter Camper (\$200)
T-shirt size (check one) <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Medical information we should know _____

Send completed registration form(s) and fee (checks payable to Grand View University) to:
Grand View University
Paul Reedy – Assistant Wrestling Coach
1200 Grandview Avenue
Des Moines, IA 50316-1599

GRAND VIEW UNIVERSITY WRESTLING *TECHNIQUE* CAMP



1200 Grandview Avenue • Des Moines, Iowa 50316-1599 • 515-263-2800 • 800-444-6083 • www.gvvikings.com

CAMP STAFF

Associate head coach Paul Reedy is the camp director. Reedy has been the top assistant at Grand View the last ten seasons.

Nick Mitchell, head coach will also be a technician. Mitchell has coached the Vikings to 8 NAIA national titles and 8 National Dual titles. He has coached 28 individual National Champions and 94 All-Americans.



Paul Reedy



Nick Mitchell



Grant Henderson

FEATURED CLINICIANS

Other featured clinicians include Grant Turner, members of the Grand View coaching staff, and Grand View Viking wrestlers who will also serve as counselors.

The following is required as part of your registration.

Waiver & Release: I am aware of the dangers involved in participation in the physical activities of the Grand View Wrestling Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Wrestling Camp, Grand View University, their officers, agents, employees, and volunteers — including without limitation, equipment personnel, and physicians and other practitioners of the healing arts — from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature

Date

Parent/Guardian Signature

Date

Health Statement/Medical Authorization: I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could unduly hinder or prevent camper's safe participation in the Grand View Wrestling Camp. Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View University or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to: _____ (camper's name). I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Wrestling Camp.

Signature of Parent(s) or Legal Guardian

Date

Health Insurance Company

Policy Number