

Logan Elm Wrestling- Top Camp

June 8th & 9th



Ross Thatcher
NCAA All American
Big Ten & NCAA Champion Coach



Bo Jordan
4x State Champion
4x All-American



Jim Edwards
NCAA All-American
State Champion Coach

Where: Logan Elm HS 9575 Tarlton Rd, Circleville, Ohio 43113

When: June 8th 10:00am to 11:30am & 12:30pm to 2:00pm & 2:30 to 3:30
June 9th 10:00am to 11:30am & 12:30pm to 2:00pm

Registration: June 8th 9am to 10am

Cost: \$125 cash per wrestler

Who: This camp is open to any and all wrestlers

What to Bring: Bring a packed lunch, something to drink and extra money for Camp T-Shirts

Contacts: Ross Thatcher 814-769-4694 - rdt121@osu.edu

Coach Jake Daniels - jake.daniels@loganelm.org

Top Camp

We will focus all of our energy and effort into the Top Position for this camp. We will concentrate on all aspects of holding your opponent down, turning your opponent for back points and pinning your opponent. We will also work on lift and returns and Top tactics and strategy for transitions from takedowns to turns.

Logan Elm Wrestling - Top Camp

June 8th & 9th

Name _____

Address _____ City _____

Cell # _____

E-Mail _____

Age _____ Grade you are going into _____

Paid \$125 _____ How long have you be wrestling _____

Parents: Please Read and Sign!

1. My child has permission to attend the Logan Elm Wrestling camp.
2. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Logan Elm wrestling camp.
3. I acknowledge that, at camp my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where he may risk injury.
4. I specifically, fully and forever, waive and release Logan Elm HS, Clinicians, Counselors and Logan Elm wrestling camp, its owner and staff liability and claims for damages my child may sustain at camp and in travel to and from said camp.
5. In the event of an emergency in which my child requires medical care, I authorize the staff of the Logan Elm Wrestling Camp to obtain, for him, necessary medical treatment.

Parent's/Gaurdian's Signature:

Date:

Emergency Contact and Relation:

Emergency Phone:

Emergency Contact and Relation:

Emergency Phone: