

# REGISTRATION FORM

# 2010 Choose Top Leg Camp #6

The ability to use your legs from the top position to control your opponent is one of the ultimate equalizers in scholastic wrestling. This camp is designed to teach you to stay in good position, score, pin, and defend legs.

**When:** July 23 & 24 2010

**Where:** Rustburg High School  
1671 Village Highway  
Lynchburg, VA 24588

**Schedule:**

*Friday, July 23<sup>rd</sup> – 4 PM – 6 PM*  
**Session 1:** Position and Basic Scoring  
*Saturday, July 24<sup>th</sup> – 10 AM – 12 Noon*  
**Session 2:** Advanced Scoring  
*Saturday, July 24<sup>th</sup> – 1 PM – 3 PM*  
**Session 3:** Leg Defense and Leg Tricks

**Who:** Middle and High School wrestlers with least two years experience. Camp is not intended for beginning wrestlers.

**Cost:** **\$60**

**Instructor:** Coach Matt Keel Head Wrestling Coach – Skyline High School

**Contact:** 540-303-1280  
Email: [coachkeel@choosetop.com](mailto:coachkeel@choosetop.com)

Send Cash, Check, or Money Order to:  
Matt Keel – 163 Park Way – Front Royal, VA 22630  
Make Checks Payable to: Matt Keel

Registration on Back

# REGISTRATION FORM

## Choose Top Leg Camp

### Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Years of experience: \_\_\_\_\_ School: \_\_\_\_\_

Payment type: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

**Medical Information: If your child has any medical issues that may be a problem for him/her to participate in an athletic activity please tell us now!**

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### Consent to Participate Form

I give permission for \_\_\_\_\_ to wrestle in the Choose Top Leg Camp. I hereby release those involved with the camp, agents of the school, or representatives from any responsibilities or liability for injury or accident, lost property, or stolen property that may happen during my child(s) participation in this wrestling camp. I will notify staff members of any illness or health problem that may affect my child(s) ability to participate. I know only a medical doctor can approve of my child(s) health to participate in this type of activity.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wrestler's signature: \_\_\_\_\_ Date: \_\_\_\_\_