

REGISTRATION FORM

2009 R²N³ Bottom Camp #22

Explosive chain wrestling from the bottom position that results in putting your opponent on his back is a skill that will separate you from your peers. The R²N³ Bottom Camp is a wrestling camp that is designed to teach you motions that score reversals, how to score nearfall, and how to chain it all together.

When: August 5, 6, 7 2009

Where: Fauquier High School
705 Waterloo Rd.
Warrenton, VA 20186

Schedule:

3:30 PM – 5:30 PM <i>Wednesday, August 5th</i> Session 1: Rolls and Positions <i>Thursday, August 6th</i> Session 2: Changeover and Knockback <i>Friday, August 7th</i> Session 3: Knee Slides and Transitions

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

Cost: **\$70**

Sign up for the Complete Wrestler Series and Save **\$50**.
Go to www.choosetop.com to register for all 3 camps.

Director: Coach Matt Keel **Instructor:** Coach Bryan Hurst

Contact: 540-303-1280

Contact: 540-222-3442

Email: 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

R²N³

Bottom 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!

Consent to Participate Form

I give permission for _____ to wrestle in the R²N³ Bottom 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: _____