

2010 St. Cloud State University Fall Wrestling Clinic

Featuring
Guest Clinician – Jayson Ness

FEATURED GUEST CLINICIAN – JAYSON NESS

- **FOUR-TIME NCAA DI ALL-AMERICAN**
- **2010 NCAA NATIONAL CHAMPION**
- **2010 HODGE TROPHY WINNER**
- **TWO-TIME BIG TEN CHAMPION**
- **TWO-TIME MINNESOTA H.S. STATE CHAMPION**



When: Saturday, October 30, 2010

Where: St. Cloud State University – Halenbeck Hall - Fieldhouse

Cost: \$45 non-refundable fee or team rate \$40 of 10 or more (Includes: Two Sessions of Instruction, Motivational Talk, T-Shirt & Lunch). Make checks payable to: **SCSU WRESTLING**. Payment is due by: Monday, October 25, 2010 or you may register at the door.

Grades: Open to all individuals grades 1-12.

Times:

- Check-In...8:00 a.m. – 9:00 a.m.
- Session #1...9:00 a.m. – 11:15 a.m.
- Lunch...11:15 a.m. – 12:00 p.m.
- Session #2...12:00 p.m. – 2:15 p.m.
- Motivational Talk...2:15 p.m. – 2:30 p.m.
- Observe Husky Wrestling Practice (Optional)...2:30 p.m. – 3:30 p.m.



All information must be complete for enrollment. Please print clearly.

Mail this part of the form to: SCSU Wrestling, 329 Halenbeck Hall, 720 Fourth Ave. South,
St. Cloud, MN 56301-4498

Name _____	Parents Name _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Emergency Phone _____
School _____	Grade _____ Age _____ E-mail _____

T-Shirt Size (Circle One):
YS YM YL AS AM AL AXL A2X

PARTICIPANT releases, waives and claims and promises not to sue St. Cloud State University/or the clinic director/clinicians with respect to any loss incurred during or in connection with his/her participation in the Husky Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify from any claims brought against the Husky Fall Clinic, clinic director/clinicians and St. Cloud State University.

I/we, being the parents and/or legal guardian of the PARTICIPANT authorize St. Cloud State University and its agents permission to request emergency medical treatment or care as necessary. Further, I claim that the PARTICIPANT is physically and mentally fit for participation.

SIGNATURE OF PARENT/GUARDIAN DATE