



# Leopard Wrestling Camp of Champions

BUILDING FUTURE CHAMPIONS

June 8-12, 2020

at Sloan Creek Intermediate School Auxiliary Gym  
440 Country Club Road, Fairview, TX 75069

The Camp of Champions is designed for wrestlers of various ages and skill levels. It is open to all boys and girls, incoming grade levels K-12.

**SESSION I:** For boys and girls, incoming grades K-5 only.  
9:00 AM - 11:00 AM, Mon-Thu, June 8-11  
9:00 AM - 12:00 PM, Friday, June 12\*\*  
Wrestlers in Session I will learn the basic techniques needed to excel in wrestling. Emphasis will be placed on high percentage scoring techniques from the neutral, top, and bottom positions.

**SESSION II:** For boys and girls, incoming grades 6-12 only.  
1:00 PM - 4:00 PM, Mon-Thu, June 8-11  
9:00 AM - 12:00 PM, Friday, June 12\*\*  
Wrestlers in Session II will be exposed to the same level of high percentage scoring techniques, with the emphasis placed on the higher level setups and finishes.

In both sessions, techniques will be drilled repetitively, not only for retention, but to allow the wrestler to be able to perform in a live match situation.

**\*\*Friday, June 12, 9:00 AM - FINISH**

Camp tournament for all grade levels. Wrestlers will be placed in 4-man brackets and wrestle 2 matches each. Awards to be given out at the completion of the tournament. Parents are encouraged and welcome to attend and watch this day! We hope to finish by noon on Friday.

**Note:** Experienced wrestlers in grades 3-5 may attend Session II if they have a like partner and have received pre-approval by Coach Mike Eaton.

**Camp Director:** Mike Eaton, Head Wrestling Coach, [mike\\_eaton@lovejoyisd.net](mailto:mike_eaton@lovejoyisd.net) (469) 742-8372.

Please register online at [lovejoyleopards.net](http://lovejoyleopards.net)

# Please register online at [lovejoyleopards.net](http://lovejoyleopards.net)

If paying by check, please send this registration form and payment to:

Lovejoy ISD Athletic Department,  
259 Country Club Road, Allen, TX 75002

## 2020 WRESTLING SUMMER CAMP REGISTRATION FORM:

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phones: \_\_\_\_\_  
Email: \_\_\_\_\_  
2020-21: Grade: \_\_\_\_\_ School: \_\_\_\_\_

**T-SHIRT SIZE (Circle One):** Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL AXXL

SESSION:  Session I for incoming grades K-5, June 8-12  
 Session II for incoming grades 6-12, June 8-12

**FEE:** \$110 per camper, if registration received before **May 8, 2020**, \$60 per camper, Lovejoy Employee  
\*Sibling Discount: subtract \$10 per camper, \$100 each.  
  
\$120 per camper, if registration received on or after **May 8, 2020**, \$70 per camper, Lovejoy Employee  
\*Sibling Discount: subtract \$10 per camper, \$110 each.

**\*Sibling Discount is for siblings attending any session of the same camp hosted by the same coach!**

No refunds on or after the first day of each camp.

Make checks payable to **Lovejoy Wrestling Camp**

### EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### LIABILITY RELEASE and MEDIA RELEASE

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lovejoy Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence. In addition, I grant permission for my child's picture to appear in Lovejoy ISD Athletic publications.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Date Posted \_\_\_\_\_