2017 HD Wrestling Clinic

Former standouts Eric Coufal, Austin Coufal, & Bryan Mejstrik will be headlining the 2017 HD Wrestling Clinic on Friday, June 2nd in the Howells-Dodge Wrestling Room in Howells. These athletes combined for 9 individual state championships and 12 state medals as well as being members of two state championship teams. Eric and Bryan are part of an elite company of 4-time individual state champions while Austin, a four time state medalists, remains an active Nebraska wrestling official.

The morning session from 8-11am will include wrestling fundamentals and base positioning as well live wrestling and fun activities for athletes grades 1-8. The afternoon session, from 12-3pm, continues with more advanced techniques and drills. These gentlemen do a fantastic job working with athletes of all ages and abilities. For over 15 years local athletes have given back to our community by bringing home new perspectives to enhance our wrestling techniques and philosophies as well as bringing along with them fellow teammates and coaches.

Athletes will receive a HD wrestling water bottle, refreshments, and are invited to stay for ice cream between sessions. The cost is \$20 per athlete. Clinic forms are available through coach Jones or the Howells-Dodge Consolidated website. You can email coach Jones at bjones@hdcjags.org with any questions or registration forms. A special thanks to these individuals for giving back to our program & community.





2017 HD Wrestling Clinic Registration

Clinic Cost & Schedule

\$20 per athlete

Sessions I Grades 1-8

Check-in 8:00-8:30am

Instruction 8:30-11:00am

Sessions II Grades 9-12

Instruction 12:00-3:00pm



Registration

Name:	
Address:	
City:	State:
E-mail:	
Grade (Fall 2017):	
Parent/Guard:	
Day Phone:	
Emergency Contact:	
Contact #:	

Mail, Email, or Drop Entries to:

bjones@hdcjags.org HD Wrestling Clinic Brian Jones 218 N. 5th St. Howells, NE 68641

Walk-ins Welcome

Checks made to HD Wrestling Clinic



Release & Medical Authorization

I hereby assume all risk of clinic activity (including property loss or damage, personal injury and death) that may result from any clinic activity from and against liability, including claims and suits at law or in equity, for injury or fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in clinic activities. In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment. I authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that I am responsible for any medical or other charges related to the athlete's attendance at the Howells Wrestling Clinic.

If Necessary, please list any serious me	dical conditions (i.e. Diabe	tes, Asthma, Epilepsy	, Allergies, etc.)
Parent/Gaud. Signature:			