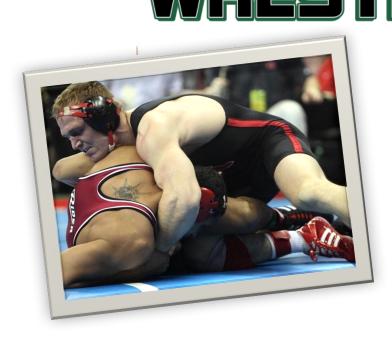
2016 HD Wrestling Clinic

Howells natives Craig Brester and Eric Coufal will be headlining the 2016 HD Wrestling Clinic on Friday, June 3rd in the Howells-Dodge Wrestling Room in Howells. Craig was an accomplished wrestler earning two state titles and 3 NCAA All-American honors including two NCAA finals appearances before becoming an assistant coach for UNL. Eric Coufal had an outstanding 168-0 high school career record winning four individual state titles and is currently wrestling for the Huskers.

The morning session from 8-11 am will include wrestling fundamentals and base positioning as well live wrestling and fun activities for youth athletes grades 1-8. The afternoon session, from 12-3pm, continues with more advanced techniques and an introduction to Freestyle and Greco disciplines for grades 9-12. Craig and Eric 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 custom water bottle, refreshments, and are invited to stay for ice cream between sessions. Cost is \$20 per athlete. Clinic forms are available through coach Jones or on the Howells-Dodge Consolidated website. Please email coach Jones at <u>bjones@hdcjags.org</u> with any questions. A special thanks to these individuals for giving back to our program & community.





2016 HD Wrestling Clinic Registration

Clinic Cost & Schedule

\$20 per athlete- covers instructors, custom water bottle, ice cream, and beverages

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:	Mail, Email, or Drop Entries: bjones@hdcjags.org	
City: State:		
E-mail:		(în-
Grade (Fall 2016):	– Walk-ins Welcome	SURP.
Parent Names:		H
Day Phone:		
Emergency Contact:	-	
Contact #:	_	

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 medical conditions (i.e. Diabetes, Asthma, Epilepsy, Allergies, etc.)

Parent Signature: _____