## 2016 HD Wrestling Clinic

Howells natives Craig Brester and Eric Coufal will be headlining the 2016 HD Wrestling Clinic on Friday, June 3<sup>rd</sup> 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 a outstanding 168-0 high school career record winning four individual state titles and is currently wrestling for the Huskers.

The morning session from 8-11am 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 <a href="mailto:bjones@hdcjags.org">bjones@hdcjags.org</a> 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

Name: \_\_\_\_\_



## Registration

Address:	Mail, Email, or Drop Entries: bjones@hdcjags.org	JAGUAR***********************************
City: State:	Howells Wrestling Clinic Brian Jones	
E-mail:	218 N. 5 <sup>th</sup> St.	
Grade (Fall 2016):	Howells, NE 68641	
Parent Names:	Walk-ins Welcome -	
Day Phone:		
Emergency Contact:		
Contact #:		
Release & I	Medical Authorization	
I, hereby assume all risk of clinic activity (including property loss activity from and against liability, including claims and suits at law which may result from any negligence and/or the student taking medical treatment, and permission to camp personnel to supervisionspitalize and secure proper treatment. I authorize the disclosural claim. I understand that I am responsible for any medical or other	ov or in equity, for injury or fatal or otherwise, and property lo part in clinic activities. In the event of injury or illness, I give se or perform on-site first aid for minor injuries and to a licens are of medical information to my insurance company for the p	ess or damage my consent for sed physician to surpose of any
If Necessary, please list any serious medical cor	nditions (i.e. Diabetes, Asthma, Epilepsy, Alle	ergies, etc.)
Parent Signature:		