

BLUE DEVIL WRESTLING CLINIC



FEATURING CORNELL UNIVERSITY GREAT

TRAVIS LEE

**2X NCAA NATIONAL CHAMPION
4X NCAA ALL-AMERICAN
4X EIWA CHAMPION
2X EIWA WRESTLER OF THE YEAR
ALL TIME CORNELL WINS LEADER**



**AT THE BROCKPORT MIDDLE SCHOOL GYM
SATURDAY MAY 6TH – SUNDAY MAY 7TH**

FORMAT	DAY ONE	DAY TWO
CHECK IN: 8:30 – 9:00 AM	COME READY TO WRESTLE !	
OPENING: 9:00 – 9:30 AM	NCAA 2003 Finals Match	“Getting Ready”
BLOCK I: 9:30 – 11:30 AM	On Your Feet	Riding & Pinning
LUNCH: 11:30 – 12:30 PM	THE CONCESSION STAND WILL BE OPEN	
BLOCK II: 12:30 – 1:00PM	NCAA 2005 Finals Match	“Mat Strategies”
BLOCK III: 1:00 – 3:00 PM	Bottom Wrestling	Freestyle
BLOCK IV: 3:00 – 3:30 PM	Q&A	Clinic Review

- **COST FOR THIS TWO DAY EVENT IS \$75.00**
- **REGISTER BY APRIL 17TH, 2006 – SPACE IS LIMITED**
- **EACH PRE-REGISTRATION WILL RECEIVE A CLINIC T-SHIRT**
- **BEST SUITED FOR MODIFIED, JUNIOR VARSITY, OR VARSITY WRESTLERS**

GO TO WWW.ARMDRAG.COM OR WWW.NYWRESTLING.COM FOR REGISTRATION INFORMATION



BLUE DEVIL CLINIC APPLICATION

NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **EMAIL ADDRESS:** _____

ADULT T-SHIRT SIZE: S M L XL XXL **AGE AND GRADE:** _____ / _____
(CIRCLE ONE)

SCHOOL: _____ **COACH:** _____

INSURANCE COMPANY: _____ **CONTRACT NUMBER:** _____

I CERTIFY THAT MY SON/DAUGHTER HAS NO INJURY OR ILLNESS, WHICH COULD JEOPARDIZE HIS/HER HEALTH OR WELL BEING BY PARTICIPATING IN THE WRESTLING ACTIVITIES OF THE BLUE DEVIL WRESTLING CLINIC. SIGNING THIS APPLICATION RELEASES THE BROCKPORT WRESTLING CLUB, ITS CLINICIANS, AND REPRESENTATIVES FROM LEGAL ACTION DUE TO INJURY INCURRED DURING THE EVENT.

PARENT/GUARDIAN SIGNATURE: _____

MAKE CHECKS PAYABLE TO "THE BROCKPORT WRESTLING CLUB"

AND MAIL TO: 56 TALAMORA TRAIL, BROCKPORT, NEW YORK 14420

PLEASE NOTE THAT ANY WRESTLER WITHOUT INSURANCE WILL NOT BE ALLOWED TO PARTICIPATE.

ANY QUESTIONS OR CONCERNS PLEASE CONTACT TOM SYDESKI AT tsydeski@frontiernet.net.