



Summer Wrestling Camp

Work Hard

This is the 2nd year for this wrestling camp. The intent is to provide an opportunity for kids to try wrestling in a non-competitive environment while giving returning wrestlers a chance to keep their skills sharp.

- * Where: CAC HS Gym located at #1 Windsong Dr., North Little Rock, AR 72113.
- * When: July 20th – 23rd, 2010 from 1 – 5 pm
- * Who: Div. 1-5 which are kids up to age 15 as of January 1st, CAC and non-CAC students welcome
- * Cost: \$75 per wrestler for 4 days or \$25 per day
- * Register Early: Space is limited. T-shirt ordering deadline is early. To ensure your wrestler a shirt, please register early.
- * Extra Items: Singlet, wrestling shoes, and head gear may be worn. Otherwise, wear a t-shirt, elastic shorts, and socks. Please bring a water bottle with your name on it every day.
- * Concession Stand will be available

Each wrestler will get a complimentary camp T-shirt, a certificate of participation, quality instruction, and prizes for tournament winners.

Set Goals

Our wrestling camp is carefully designed so that the wrestlers have a positive experience in a closely supervised environment.

Believing in Yourself

A wrestling camp is a wonderful experience for youth wanting to learn more about wrestling and to work hard to challenge themselves. This sport takes a lot of dedication, determination, and much humility. We plan to help build character, stamina, sportsmanship, technical skills, and a love for the sport.



For additional Information, please contact:
Keith Almond at kalmond@cacmustangs.org
(501) 472-5629 or

Mike Roach at MRoach9519@aol.com (501) 607-4692

Please complete the registration form below and send it, along with your check payable to CAC, to any CAC campus or mail to:

Central Arkansas Christian Schools

#1 Windsong Drive

North Little Rock, AR 72113 ATTN: Keith Almond

CAC WRESTLING CAMP REGISTRATION AND RELEASE FORM

First Name	Last Name	Birth Date	Approximate Weight (Required)	School
Address		Phone Number	E-mail	
Emergency Contact	Name & Number			
Preferred Physician	Number	Preferred Hospital	medical insurance card with registration.	
<p>I verify that my child is physically able to participate in the 2009 CAC Wrestling Camp. In case of emergency, I release CAC, camp staff, and USA Wrestling, from any and all liability resulting from injuries while participating in the camp. I understand that my child who is participating in the 2009 CAC Wrestling Camp does so at their own risk. Neither CAC nor its staff shall be held liable for any damage arising from personal injury sustained by an individual participating in the program. I also understand that there is no refund for registration fee to this camp, if parent/guardian or athlete should cancel application or fail to attend.</p>				
Parent/Guardian Signature	Date			