

# 2011 St. Cloud State University Fall Wrestling Clinic

Featuring  
*Guest Clinician – John Sundgren*

## **FEATURED GUEST CLINICIAN – JOHN SUNDGREN**

- TWO-TIME NCAA DII ALL-AMERICAN
- 2011 NCAA DII NATIONAL CHAMPION
- 2011 NSIC WRESTLER OF THE YEAR
- FOUR-TIME NCAA DII ALL-ACADEMIC SELECTION



**When:** Saturday, October 29, 2011

**Where:** St. Cloud State University – Halenbeck Hall - Fieldhouse

**Cost:** \$45 non-refundable fee or team rate \$40 of 10 or more (Includes: Two Sessions of Instruction, Motivational Talk, T-Shirt & Lunch). Make checks payable to: SCSU WRESTLING. Payment is due by: Monday, October 24, 2011 or you may register at the door.

**Grades:** Open to all individuals grades K-12.

**Times:**  
Check-In...8:00 a.m. – 9:00 a.m.  
Session #1...9:00 a.m. – 11:15 a.m.  
Lunch...11:15 a.m. – 12:00 p.m.  
Session #2...12:00 p.m. – 2:15 p.m.  
Motivational Talk...2:15 p.m. – 2:30 p.m.  
Observe Husky Wrestling Practice (Optional)...2:30 p.m. – 3:30 p.m.



**All Information must be complete for enrollment. Please print clearly.**  
Mail this part of the form to: SCSU Wrestling, 329 Halenbeck Hall, 720 Fourth Ave. South,  
St. Cloud, MN 56301-4498

Name	Parents Name		
Address	City	State	Zip
Home Phone	Emergency Phone		
School	Grade	Age	E-mail

T-Shirt Size (Circle One):  
YS YM YL AS AM AL AXL A2X

**PARTICIPANT releases, waives and claims and promises not to sue St. Cloud State University/or the clinic director/clinicians with respect to any loss incurred during or in connection with his/her participation in the Husky Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify from any claims brought against the Husky Fall Clinic, clinic director/clinicians and St. Cloud State University.**

I/we, being the parents and/or legal guardian of the PARTICIPANT authorize St. Cloud State University and its agents permission to request emergency medical treatment or care as necessary. Further, I claim that the PARTICIPANT is physically and mentally fit for participation.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN      DATE