

St. Cloud State University Wrestling

2008 Husky Fall Clinic

Featuring

Guest Clinician – MACK REITER



- University of Minnesota Gophers
- NCAA National Champions
- 3x NCAA DI All-American
- Big Ten Champion & OW
- Four-Time Iowa HS State Champ

When: Saturday, October 25, 2008

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 20, 2008 or you may register at the door.

Grades: Open to all individuals grades 1-12.

Times: Check-In...8:00 a.m. – 9:00 a.m.

Session #1...9:00 a.m. – 11:00 a.m.

Lunch...11:00 a.m. – 12:00 p.m.

Session #2...12:00 p.m. – 2:00 p.m.

Motivational Talk...2:00 p.m. – 2:15 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