



Jeff Jordan's State Champ Camp LLC 2018 Fall Clinics



Jeff Jordan's State Champ Camp, LLC, offers Fall Clinics which are designed for a review of what was covered in the summer camps: the basic techniques needed for wrestlers to win a state title. These techniques deal primarily with takedowns. We will be covering the double leg, inside single, outside single, and high crotch. Along with these techniques we will emphasize the set-ups and finishes to these shots. All takedowns will be incorporated into a drilling workout that is extremely intense. If you would like to attend any of the weekend camps we strongly urge you to get your application in immediately to help reserve a spot for you. We are looking forward to training you in your quest to be the ultimate...A State Champion!

APPLICATION

Name _____

Age _____ Weight _____ Grade in Fall _____

School _____ Record & Accomp. _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Please mark the weekends that you are available to attend with a "yes", and place a "no" beside the weekends that you are not available to attend. This helps in getting wrestlers of similar age and weight placed together. Please try to mark 3 or 4 weekends available to attend, if possible. Selections will be made late September, and confirmations will then be mailed.

Week #1 October 19-21 _____

Week #3 November 2-4 _____

Week #2 October 26-28 _____

Week #4 November 9-11 _____

**** Check-in:** Friday evening 6:30 p.m. (First session 7:00 p.m.)

**** Check-out:** Sunday 10:30 a.m. (Parents are encouraged to attend and film the last work out session on Sunday at 10:00 a.m.)

Cost: \$195.00 Make check payable to:

Jeff Jordan's State Champ Camp

Deposit: \$100.00 (Balance of \$95.00 due upon arrival)

Mail to: Jeff Jordan

1954 Neff Road

(937) 788-2161

Urbana, OH 43078

Medical Waiver

Wrestler's Name _____

Week Attending _____

Parent Consent and Waiver of Responsibility

In consideration of Jeff Jordan's State Champ Camp, LLC, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to as following:

Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless Jeff Jordan's State Champ Camp, LLC., its owners, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Jeff Jordan's State Champ Camp, LLC, from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Jeff Jordan's State Champ Camp, LLC. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature Date

Medical Information

Insurance Company _____ Policy/Group # _____ ID# _____

City: _____ State: _____ Zip Code: _____

Medical History: _____

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home) _____

(Cell) _____

****Please include a copy of the front and back your insurance card****