



“JR. TIMBERWOLF” WRESTLING CAMP

HEAD CLINICIAN:

COACH JAMES MARSCHKA

2005-PR. HEAD COACH CHILES HIGH

2003-2005 ASST. COACH CHILES HIGH

2005,2011 DISTRICT RUNNERUPS CHILES HIGH

2003-2014 CITY RUNNERUPS

2007 BIG BEND COACH OF THE YEAR

1 NATIONAL QUALIFIER

1 STATE FINALIST

29 STATE QUALIFIERS

4 INDIVIDUAL STATE PLACERS

6 INDIVIDUAL REGION CHAMPS

29 INDIVIDUAL DISTRICT CHAMPS

41 1ST TEAM ALL BIG BEND WRESTLERS

CAMP MAY 31- JUNE 3 \$75.00 (cash or check made to Chiles High)

Camp will cost \$75.00. There will be Chiles High wrestlers assisting this week as well. All wrestlers will receive a camp T-shirt, Gatorade, and daily snack. We will cover all aspects of wrestling and will be open to incoming grades 3-9. Possible age exceptions could be made by contacting Coach Marschka. Space will be limited to 35 wrestlers so please get your reservation in early. Camp will be held in the Chiles wrestling room (2-104). **Meet on the bus ramp daily.**

Tuesday-Thursday

9:00 Check-In
9:15 Warm-up
9:30 Technique Session
10:00 Live Wrestling/games
10:40 Water Break
10:45 Technique Session
11:30 Live Wrestling/games
12:00 End of Day

Friday

9:00 Check-In
9:15 Warm-up
9:30 Technique Session
10:00 Water Break
10:15 Takedown Tourney/Dual
12:00 End of Day

Registration form

Please print

Name _____ Phone number _____ 2015-2016 grade _____
 (Circle one) male or female

Address _____ City _____ State _____ Zip _____

E-Mail _____ School _____

Camp: 5/31-6/3
 \$75.00

Send Registration to: James Marschka **CONTACT INFO**
 c/o Chiles Wrestling marschkaj@leonschools.net
 7200 Lawton Chiles Lane (850) 251-0704 cell
 Tallahassee, FL 32312

Make Checks Payable to: **Chiles High**

T-Shirt size (circle one)

YS YM YL S M L XL XXL

The undersigned, parent or guardian of (Students Name) _____, the applicant for and consideration of Chiles High/James Marschka's "Jr. Timberwolf" Wrestling Camps accepting said application, hereby agrees to save and indemnify, and keep harmless the said Chiles High/James Marschka's "Jr. Timberwolf" Wrestling Camps, its agents, and sponsors, against all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from Chiles High/James Marschka's "Jr. Timberwolf" Wrestling Camp site and during the stay at the school and on the school grounds, or while wrestling or taking instruction in wrestling.

DATE SIGNATURE OF PARENT OR GUARDIAN

Medical Permission Slip: I approve of my son's/daughter's attendance at wrestling camp and certify that he/she is in good Health and able to participate in all camp activities. If medical attention is required for the illness or injury while attending camp, I give permission for such care. We will need a copy of your child's physical form to keep in our file.

Signature of Parent or Guardian Date

Insurance Company _____

Policy Number _____

Employer or Sponsoring Organization

FOR OFFICAL USE ONLY

Date Received	Amount Paid	Balance Due