

# KoMet Wrestling Camp

*featuring Terry Brands & Iowa Wrestling*

**Camp Dates: July 26 & July 27, 2014**

**For wrestlers entering grades 5-12th**

## **Schedule of Sessions:**

Morning Sessions: 10:30 a.m. to 12:30 p.m.

Afternoon Sessions: 2:00 p.m. to 4:00 p.m.

## **Location:**

Kasson-Mantorville High School gym  
101 16th St. NE Kasson, MN



**Cost:** \$100 per wrestler

**Online registration:** [www.kmwrestling.com](http://www.kmwrestling.com)

Or send registration to P.O. Box 12, Mantorville, MN 55955  
checks payable to: **KM Wrestling Association**



**Inquires:**

[info@KMWrestling.com](mailto:info@KMWrestling.com)

# WRESTLER REGISTRATION INFORMATION

Wrestler's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Weight: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Register online at:** [www.kmwrestling.com](http://www.kmwrestling.com)

**Or mail registration with payment to:**

K-M Wrestling Association

P.O. Box 12

Mantorville, MN 55955

Parent Agreement:

As a parent/legal guardian of a participant of the K-M wrestling camp, I hold the coaches and/or representatives of Kasson-Mantorville Schools not responsible for injuries that may occur by participating in the camp. I recognize that there are dangers inherent in the sport of wrestling and its training elements, and agree to assume all risks related to my child's participation. I understand that I must take responsibility for medical care that may result from participation.

\_\_\_\_\_  
Participant (print name)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date