

Please Print

Last Name _____ First Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ E-mail Address _____

School Attending Next Fall _____ Grade - Fall 2009 _____

USA Wrestling Card Number _____ T-Shirt Size _____

**\$40 For Dues-Paying
Freebirds Club members
\$50 all others**

Mail or hand deliver registration form and
check or money order, made out to

Freebirds Wrestling, to:

Coach Hayhurst
Lancaster High School
44701 Eagle Way
Lancaster, CA 93536

**Make Checks Payable to
Freebirds Wrestling**

For Use by Camp Personnel Only

Circle One: Novice School Boy
 Cadet Junior

Club Dues Member Discount; \$40

At-the-door; \$50

Cash

Check # _____

Shirt Size received: _____

Lancaster High School
44701 Eagle Way
Lancaster, CA 93536

Freebirds Wrestling Camp

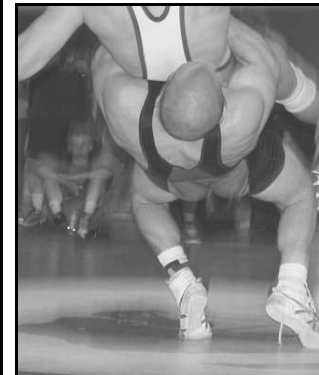


Freebirds Wrestling Camp

**July 7-10,
2009 at
Lancaster H.S.**

Featured Clinicians:

- Mark Munoz
- Arsen Aleksanyan
- Tim Byers
- Fernando Serratos



*Excellent instruction from
current college and high
school wrestling coaches
from your area.
\$40 for club members or
\$50 non-members.
Registration Includes a
Camp T-shirt.
Open to all Middle and
High School Wrestlers.*

www.freebirdswrestling.com

Camp Information



PERMISSION TO PARTICIPATE IN WRESTLING



Coach Steve Lawson teaching an inside cradle to the 2008 Freebirds Camp Participants. An example of what to expect in 2009.

2009 Freebirds Wrestling Camp will be held in the large gym at Lancaster High from Tuesday, July 7 thru Friday, July 10.

Camp Schedule:

Tuesday thru Friday

- 1:00 Registration (Tuesday only)
- 2:00 Group Stretch and Warm-up
- 2:30 Introduction of Camp Clinician
Session 1: instruction with featured clinician of the day.
- 4:20 Break
- 4:45 Session 2: drill and practice with clinician of the day.
- 5:45 Wrap-up
- 6:00 Dismiss as a group.

Featured Clinicians:

Tuesday, July 7th

Mark Munoz

- Two-time NCAA All-American
- 2001 NCAA Champion; Oklahoma State University
- 3x FILA Junior World Wrestling Team member
- World Silver Medalist in 1998
- Current UFC Fighter with bout scheduled for UFC 102.



Wednesday, July 8th

Arsen Aleksanyan

- 3rd Greco-Roman Nationals 1995
- 5th Greco-Roman Nationals 1998
- Armenian World Team member, 1995 and 1998
- Junior College National Champion with Moorpark College
- Michigan State Wrestling Team
- Head Coach; Calvary Chapel H.S.



Thursday, July 9th

Tim Byers

- 14 years coaching at Yucca Valley High School, including 13 league titles, twice CIF Dual Meet Champions and three times CIF Individual Champions
- 3 years coaching at Santa Ana High School, including three league championships, twice CIF Dual Meet Champions and once CIF Individual Champions



Friday, July 10th

Fernando Serratos

- 2X CIF Champ, CIF MVP, Masters Champion & 5th in H.S. State
- 2X Freestyle State Champ
- 2X JC All-American
- JC State Champ
- Asst Coach-Boston University
- Asst Coach-Santa Ana High School; 5X CIF champs



Participant's Name: _____

Parent's Name: _____

Home Phone: _____

Work/Cell Phone: _____

Other Phone numbers in case of emergency: _____

I am aware of the potential dangers of participation in California USA Wrestling State and Local wrestling events. I realize that there is a risk of being injured in all sports, no matter how many precautions are taken. I realize that this risk of injury may be severe, including varieties of fractures, sprains, contusions, brain injuries, paralysis, or even death. I further realize that my son/daughter needs to follow carefully all of the guidelines given by the coaching staff and the tournament/event organizers regarding training rules, safety procedures, proper use of equipment, legal and safe playing techniques, and any and all other safety procedures. I understand that even if all of the above is done, my son/daughter may still incur injury through participation in wrestling. **Finally, if my son/daughter engages in unsportsmanlike conduct or illegal activities he/she may be asked not to return.**

The undersigned, legal custodian of _____, a minor, hereby authorizes the coach or designee, into whose care the aforementioned minor wrestler has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

This authorization is given by provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full wrestling season unless revoked in writing and delivered to said agent(s). I understand that the Freebirds Wrestling Club, California USA Wrestling and USA Wrestling, its officers and employees, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be born by the undersigned.

Insurance Company _____

Policy # _____

Medication Allergies: _____

Medications Taken Regularly: _____

Is your child currently under treatment for any of the following?
(check all that apply)

- _____ DIABETES (may include insulin or glucagons)
- _____ EPI-PEN (for prevention of severe allergies/anaphylaxis)
- _____ SEIZURE (taking daily medication)
- _____ ASTHMA (taking regular medication)
- _____ HEART CONDITION

Signature of Father/Guardian _____ Signature of Mother/Guardian _____

Signature of Participant _____ Date _____