

SAN ANTONIO CHRISTIAN SCHOOL WRESTLING CAMP July 10 - 13



Primary Clinicians:

- Mark Clayton** 2X Big Ten Runner-Up; 2X NCAA Qualifier; 2X Missouri State High School Champion; Coach at SACS; Former Collegiate Coach
- Mike Mathews** Montana State High School Champion; Head Coach Jr. Jags Wrestling Club; 12 years of Coaching Experience on the Youth Level

Additional clinicians and camp counselors will be on hand to assist.

- Date:** July 10 to July 13, 2017
- Times:** Check In: 9:00 am on Monday July 10
- Daily Drop Off:** No earlier than 8:30 am
- Daily Pick Up:** No later than 4:30 pm
- Daily Sessions:** 1st Session 9:30 am to Noon, 2nd Session 1 pm to 3:30 pm
- Lunch:** Noon to 1 pm (Sandwiches will be available for purchase or bring your own lunch.)
- Cost:** \$80 (Make Checks Payable to San Antonio Christian School--- Complete and return the Registration Form Below)
- Place:** San Antonio Christian School Elementary Gym
19202 Redland Rd
San Antonio, Tx 78259
- Eligibility:** Open to all wrestlers K-8 grade and incoming 9th graders. (Beginners are welcome.)
- Food/Drinks:** Sandwiches will be available for purchase at lunch. Snacks/bottled water/sports drinks will be available for purchase. Water fountains are accessible.
- Equipment:** Wrestling equipment recommended but not required. Please bring an extra t-shirt each day.
- Contact:** Mark Clayton (cell) 210 872 4435
(email) pudtat@aol.com

SACS WRESTLING CAMP REGISTRATION

Camper's Name: _____

Grade (2017-2018): _____

Camper's Approximate Weight: _____

Camper's Current School: _____

Parent(s) Name: _____

Parent Email: _____

Parent Cell Phone: _____

I hereby give my child permission to participate in the San Antonio Christian School Wrestling Camp. This authorization releases San Antonio Christian School, its staff, camp clinicians and camp counselors from any liability, related injury or illness resulting from participation in the San Antonio Christian School Wrestling Clinic. I also give the staff at San Antonio Christian School, camp clinicians and camp counselors permission to act on my behalf in case of an emergency involving my child. Furthermore, I give consent that my child may be photographed with pictures being publicly displayed (no names will be used).

Parent Signature: _____

Parent Name (Print): _____

Date: _____

In order to register for the clinic, please complete this form and return it with your check for \$80 made out to San Antonio Christian School (wrestling camp and child's name in the memo section) to the following address:

San Antonio Christian Schools
ATT: High School Athletic Office
19202 Redland Road
San Antonio, TX 78259

If there are any questions, please contact Mark Clayton at:

Phone: 210 872 4435
Email: pudtat@aol.com

