2017 JAGUAR ALL-AMERICAN
WRESTLING CAMP

Dates: Tuesday, June 6th through Thursday, June 8th
Location: Andover Central High School Gym

Camp Schedule:

Tuesday, June 6th through Thursday, June 8th	Check in: 10:00 am to 10:30 am grades (K through 5, 2017-18 school yr.) Instruction: 10:30 am to 12:00 pm daily Check in: 12:30 pm to 1:00 pm (grades 6 through 12, 2017-18 school yr.) Instruction: 1:00 to 3:00 pm daily

This camp is offered for kids from K-12. It will focus on techniques used from neutral, top, and bottom positions to be successful for all ages including: little league, high school, and at the college level. Each of the three days will be hosted by two current college wrestlers and one of them is a National Champion. Our goal is to improve the technique and expand the wrestling knowledge for wresters here in central Kansas.

Camp Director: Chris Saferite

Also in attendance:

Anthony Collica – Oklahoma State

- **2017 NCAA National Champion**
- Big 12 Champ, 2016 NCAA All American
- 3x High School State Champ

Zac Gentzler – Oklahoma State

- 4x High School State Champ
- 159-1 High School Record
- High School All-American

Athletes wishing to participate in the Wrestling Camp can enroll by completing the application below and mailing it to: Chris Saferite, 640 S Cactus, Wichita, Ks. 67230
Enclose with your application a Fee of $75 for the 3 sessions of wrestling instruction. T-shirts will be handed out to all wrestlers who are signed up on the first day.

_____Checks should be made out to Chris Saferite_____

Name _____ Grade _____ 2017-18 school year

Address _____ City _____ Zip _____

Home Phone _____-_____-_____ Emergency # _____-_____-_____ Shirt Size (YL, S, M, L, XL)
Circle one

Camp Fee: $75 Checks payable to Chris Saferite

I, the undersigned parent of _____ do hereby authorize the directors of the Andover Central Wrestling Camp to act accordingly to their best judgment in any emergency requiring medical attention. I recognize that the camp does not provide accident insurance that will pay medical expenses resulting from injury. I grant permission to participate acknowledging that he is physically able to do so.

Signature of Parent/Guardian _____ Date _____

Mail to: **Chris Saferite, 640 S Cactus, Wichita, Ks 67230**

You may sign up at the door