



Columbus Wrestling Club Presents:

3 Big Sessions - 5 Hours of Fun!!



Saturday April 2<sup>nd</sup> 10:00-3:00 PM

# Beat the Streets – Columbus Wrestling Clinic

The Columbus Wrestling Club is proud to sponsor The Beat the Streets – Columbus wrestling clinic. This is a great opportunity to get back on the mats and learn new wrestling techniques! Our highly skilled staff will teach setups, takedowns, break downs, riding, and pinning combinations. This camp is open to all wrestlers regardless of experience.

**Clinic Location:**  
**Linden Recreation Center**  
**1254 Briarwood Ave.**  
**Columbus, Ohio 43211**  
**(614) 645-3067**

**Check-in at 9:30 on Saturday April 2<sup>nd</sup>**

Pre-register by March 21st to receive free camp T-shirt.

Learn successful wrestling techniques from Columbus's best clinicians!

### Clinic Schedule

Walk-in registration.....9:30am  
Session I.....10:00 am - 11:45am  
Lunch.....11:45am - 12:15pm  
Motivational Talk.....12:15pm - 12:30pm  
Session II .....12:30pm - 1:45pm  
Water break.....1:45 pm - 2:00pm  
Session III.....2:00pm – 3:00pm  
Takedown Tournament  
Camp End..... 3:00pm



**COLUMBUS WRESTLING CLUB**

Send Registration To:  
**Brian Church**  
**P.O. Box 141458**  
**Columbus, OH 43214**

**E-mail:** [bchurch@columbuswrestlingclub.org](mailto:bchurch@columbuswrestlingclub.org)



**Columbus Wrestling Club**  
**2011 Beat the Streets Wrestling Clinic Registration/Waiver Form**

**Wrestler Info**

Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_ Approx. Weight \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Emergency Contact Info**

Legal Guardian Name: \_\_\_\_\_ Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Primary Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Waiver**

I, the parent/guardian of the candidate for the April 2<sup>nd</sup> Beat the Streets Wrestling Clinic, hereby give approval of his/her participation in any and all clinic activities. I assume all risks and hazards incidental to such participation, including transportation to and from the clinic. I hereby release, waive, absolve, indemnify and hold harmless the Columbus Recreation and Parks, The Columbus Wrestling Club Inc., the organizers, supervisors, participants, and persons transporting or coaching the participant of all liability for injuries incurred while participating in the wrestling clinic.

I also grant permission to managing personnel or other clinic representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the participant become ill or injured while neither parent is available to grant authorization for emergency treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send Registration to:  
Brian Church  
Beat the Streets – Columbus Clinic P.O. Box 141458 Columbus Ohio 43214