

# The “Grove” Wrestling Camp

Location: Council Grove High School  
Council Grove, KS



June 23rd-24<sup>th</sup>, 2014  
(Students entering 7<sup>th</sup>-12<sup>th</sup> Grade)

## 2014 Camp Staff:

Council Grove High School	Mulvane High School
Burlington High School	Manhattan High School
Hillsboro High School	McPherson High School
Larned High School	Sante Fe Trail High School
Lyons High School	Stafford High School
Marion High School	Wichita South High School
Eureka High School	Wichita Southeast High School
Herington High School	Sublette High School
Silver Lake High School	

2013 Included Tyler Gonzales  
(Shorter University Assistant Coach)  
2X Academic All-American  
4 Year FHSU Letterman

Ty Swartz  
2013-2014 Academic All-American  
Neosho County Community College

**Camp Director: Jay Doornbos 620-340-2806**

## Schedule

<b>Day 1</b>	Check In:	7:45-8:45
	Session 1:	9:00-11:00
	Lunch:	11:30-12:30
	Class Time	12:30-1:30
	Session 2:	1:30-3:30
	Conditioning	3:30-4:30
	Dinner:	4:45-5:45
	Live Wrestling:	6:30- 8:30

### Camp Cost

**\$35 per Individual**

**Coaches attend free. Coach attending with team will receive free camp shirt.**

**Make Checks payable to: Jay Doornbos**

Night Activities Include (For those staying the night): Wrestling Movies shown at the school.

<b>Day 2</b>	Wake-Up	6:00-7:00
	Breakfast	7:00-8:00
	Class Time	8:00-9:30 (Broken into two separate sessions.)
	Session 1	9:30-11:30
	Lunch	11:45-12:45
	Competition	1:30-5:00 (Team Competition)
	Check Out	5:00

Each technique session will include multiple clinicians that will offer a variety of technique. Campers will be able to choose which technique they want to work on at each session. All sessions are mandatory.

Each camper will attend two sessions of class time. The two classes could include proper weight training technique, wrestling nutrition, information for those wanting to wrestle in college, and the impact of drugs and alcohol on athletes.

The team competition will be run in a dual format. You will not compete on your high school team. We will place wrestlers on teams to insure that each team has as close to equal numbers as possible. A camp coach will coach each team.

**Cost: \$35**

**Ages: Grades 7-12**

### Cost Includes:

T-Shirt  
All meals.  
Team Medals for Top Three Teams  
Lodging at Council Grove High School If Needed  
**(If you want to stay at CGHS you must have a coach staying with campers at all times. You will need to bring sleeping bags, pillows, and shower supplies. You will be staying in our secondary gym).**

**Mail Forms To: Jay Doornbos**  
**129 Hockaday St.**  
**Council Grove, KS 66846**

**An athletic trainer or medical professional will be on site at all times. Each wrestler will weigh-in during registration. A standard skin form will be required for any skin problems.**

**Applicant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Home address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_  
**Middle or High School Team** \_\_\_\_\_

**Are you attending as an individual or as a team? Individual    Team**

**If you are staying over night please list the coach that will be staying with you** \_\_\_\_\_

I hereby request permission for the above-named camper to participate in the 2014 The Grove Team Wrestling Camp. I represent and warrant to you that the camper is physically and mentally able to participate in the Wrestling Camp. I hereby authorize the staff of the Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and/or all liability for any injuries or illnesses incurred while at camp or in transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct. I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the camp program, as outlined in the brochure.

**The camper is covered by our medical insurance plan through the following company:**

**Company Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

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**Parent/Guardian Signature**

**Parent Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_