## **2024 LAKEVIEW YOUTH WRESTLING CLINIC**



AGES:	1 <sup>st</sup> -8 <sup>th</sup> Grade	*Sep	arate girls division again	this year!!!!		
WHERE:	Lakeview HS (Use activity entrance)					
WHEN:	June 17 <sup>th</sup> , 18 <sup>th</sup> , & 1	L9 <sup>th</sup>	Boys- 12– 1:30PM	Girls 2-3:30PM		
COST:	\$30 *Registration includes a camp shirt and lunch for youth participating in both youth					
	football and wrestling.			Mail registration to:		
PAYMENT:	Make checks payable to LYWC.			Jeff Bargen		
CONTACT:	Jeff Bargen Email	: jbar	gen@lakeview.esu7.org	3744 83 <sup>rd</sup> St Columbus, NE 68601		
	Cell p	hone	402-440-2039	OR DROP OFF AT LAKEVIEW		

**Camp information:** This wrestling clinic is designed to give Lakeview area youth a chance to work on wrestling skills and techniques during the summer months. Lakeview high school coaches, junior high coaches, and current high school wrestlers will work together to provide a fun, safe, and engaging environment for the area youth. There will be individual challenges as well team challenges each day.

**HIGH SCHOOL** 

Name:		School:	
Address:		Grade:	_
City:	State:	Zip:	
Phone number:			
T-Shirt Size: YS YM YL	AS AM AL AXL		
Signed up for Youth FB Cam	p:YesNc	o – I need to know ho	w many I am feeding
lunch to each day.			
We (or I) hereby request that you accept Wrestling Clinic on June 17 <sup>th</sup> , 18 <sup>h</sup> . & 19 <sup>tht</sup> . all employees of the Lakeview Wrestling of attending the Lakeview Wrestling Clinic. our (or my) son or daughter as a result of	In consideration of your acc Clinic from claims on accoun We (or I) agree to indemnify	ceptance of this application we v It of injuries which may be sustai	vill release Lakeview High School and ined by our (my) son or daughter while
Parent Signature:		Dat	e:

Wrestler Signature: \_\_\_\_\_ Date: \_\_\_\_\_