

## Schedule

9 AM - Technique with Coach Pritts

10 - Technique with Coach Martin

11 - Technique with Coach Sioredas

11:30 - Technique with Coach Dixon

12:30 ODU Intrasquad Meet



**Old Dominion Wrestling**  
Athletic Admin. Bldg.—Wrestling Office  
Old Dominion University  
Norfolk, VA 23529



Mailing Address Line 1  
Mailing Address Line 2  
Mailing Address Line 3  
Mailing Address Line 4



**Wrestling  
Fall Clinic**

**SUNDAY**

**OCTOBER 29**

**ODU Intrasquad Meet  
to follow @ 12:30**

Old Dominion University  
Athletic Admin. Bldg.  
Norfolk, VA  
23529

## Staff



**Steve Martin**

H. Coach—Old Dominion University  
NCAA All American  
12 High School State Team Titles



**Lee Pritts**

Coach—Old Dominion University  
Former Coach—U. of Missouri  
NCAA All American



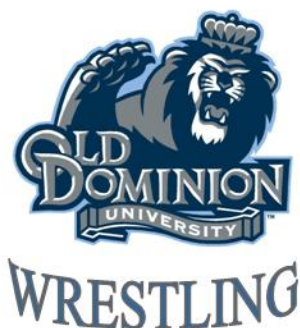
**Mike Dixon**

Coach—Old Dominion University  
4th Pan American Games



**Jon Sioresdas**

Coach—Old Dominion University  
NCAA All American



## Clinic Info:

Date: October 29th, 2006

Site: ODU Athletic Admin. Bldg.

Cost: \$30 per Athlete

Format: Technique Clinic



## Contact Info:

**Jon Sioresdas**

757-572-5206 (cell)

JonSioresdas@ODUSports.com

**Mike Dixon**

812-219-8780 (Cell)

MJDixon@odu.edu

[www.odusports.com](http://www.odusports.com)

## Registration Form

The undersigned student, parent or guardian of

\_\_\_\_\_ (students name)

the applicant for and in consideration of the Old Dominion Wrestling Fall Clinic, it's agents, and sponsors, against any and all liability claims, judgments or demands for damages arising as a result of injuries by the applicant traveling to and from the clinic locations, and during his stay at the school and on the school grounds, or while wrestling or taking instruction in wrestling.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Coach

I approve of my child's attendance at wrestling camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care.

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Old Dominion Wrestling

Athletic Admin. Bldg.—Wrestling Office

Old Dominion University

Norfolk, VA 23529

Phone: 757-683-6373

Fax: 757-683-5423

Email: MJDixon@odu.edu

