



# All-American Wrestling Clinic

**Sunday, December 9**

**Ages 6-9 is at 8-11am**

**Ages 10-18 is at 12-3pm**

- **At Custer High School**
  - **Age specific technique**
  - **Register Online at [bearcavewrestling.com](http://bearcavewrestling.com) Before December 1 For \$20**
- Walk-up Registration is \$25**



## **Ben VomBaur**

- **2X DI All-American**
- **Coach of the #1 wrestling club in the nation (Bear Cave)**

Participant's Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

I hereby give permission to the participant listed on this form to participate in the Wrestling Clinic and all activities involved. I understand that wrestling is a physical sport and there is a risk of injury. My signature below releases Ben VomBaur, Bear Cave Wrestling Club, Custer School District and all of their officers and agents from any and all legal claims or rights to damages for injuries or losses suffered my child directly or indirectly while training, traveling to or participating in any clinic activity.

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

Required USA Wrestling Card #: \_\_\_\_\_