



FUHRER FIELD HOUSE | CRETE, NE
WILBER - CLATONIA
TEAM CAMP



WHEN: June 27th thru June 29th

PRICE: DORMS \$140/Wrestler | COMMUTER \$60/Wrestler
 \$5 off per wrestler if paid by June 19th!

SESSION SCHEDULE:

MORNING: 9:00 AM - NOON

EVENING: 1:00 PM - 4:00 PM

16 FULL MATS - ALL teams get 9 duals.

Most wrestlers will get 10-15 matches!

Individuals and small teams welcome.
 You will be paired with another team.

AWARDS:

Each team will receive between 2 and 5 T-shirts to give to their outstanding or improved wrestlers.

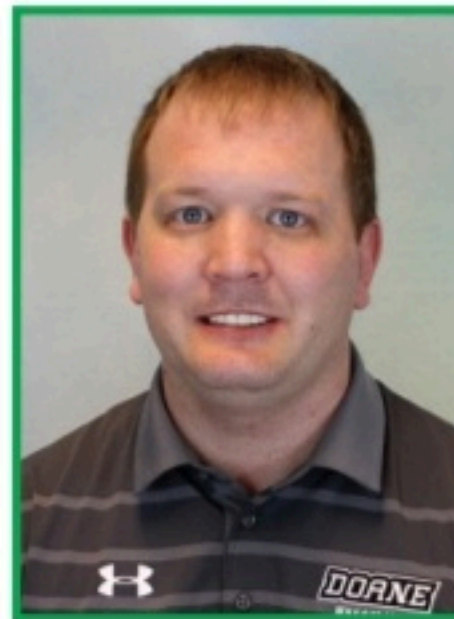
HOUSING:

Wrestlers will be housed in the Doane University dorms.
*Please note there is no food being served.
 Concessions will be available for purchase.*

SCHOLARSHIPS:

A limited amount of scholarships for needy wrestlers are available.
 * Contact Coach Bates for details.

LEAD CLINICIANS



DANA VOTE
 Head Coach - 2nd Season
 Coach Vote has been a head coach in the GPAC for 8 years
 5X GPAC Coach of the year
 47 National Qualifiers
 15 All-Americans
 4 National Champions



TSGOTBAYAR "BUKA" TSERENDAGVA
 Assistant Coach - 2nd Season
 2017-19 NW Kansas Tech Asst. also wrestled for the Mavericks
 2009-2016 Club coach
 2013 Mongolia Paralympics National Coach
 2015 Junior National Team coach
 Led the men's and women's junior national teams to Top 3 finishes in 2016.



DAVID BERG
 Assistant Coach - 1st Season
 2020 NAIA National Champ
 4X GPAC Champion
 3X NAIA All-American
 4X NAIA National Qualifier



REGISTRATION

Fill out the attached form and send to Coach Bates along with your team roster.

IMPORTANT: ALL ENTRIES ARE DUE TO COACH BATES BY JUNE 19TH. CAMP IS LIMITED TO FIRST 32 TEAMS AND 500 WRESTLERS. \$20 LATE FEE PER WRESTLER FOR REGISTERING AFTER THE 20TH.

CONTACT INFORMATION

Coach Bates: james.bates@wilberclatonia.org | (402) 499-4897

123 River Rock Road, Wilber, NE, 68465

Coach Vote: dana.vote@doane.edu | (515) 608-9984

PAPER REGISTRATION FORM

TEAM NAME _____

COACH _____ COACHES PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

GRADE _____ WEIGHT _____ 2020 RECORD _____

STAYING IN THE DORMS OR COMMUTING

INSURANCE PLAN AND NUMBER _____

PARENT SIGNATURE _____

I acknowledge and agree that:

1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal disciplines may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I RELEASE AND HOLD HARMLESS Doane University and the program sponsor and their trustees, directors, employees and volunteers ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE AND HOLD HARMLESS AGREEMENT, FULLY UNDERSTAND, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

PRINT PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE: (Under the age of 19 at the time of registration)

I, as a parent/guardian for this participant, do consent and agree to his/her release and hold harmless. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the minor child's participation in the program, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PRINT PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____