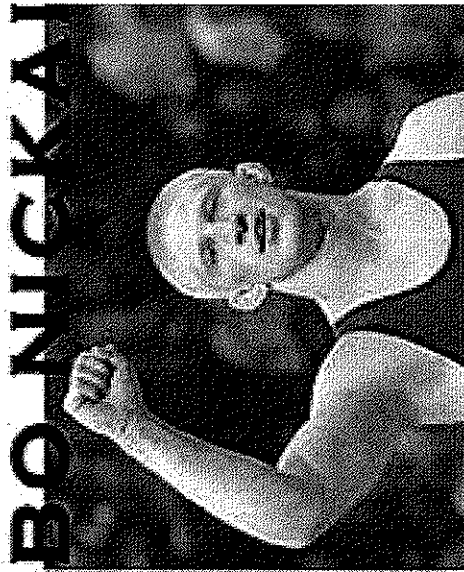


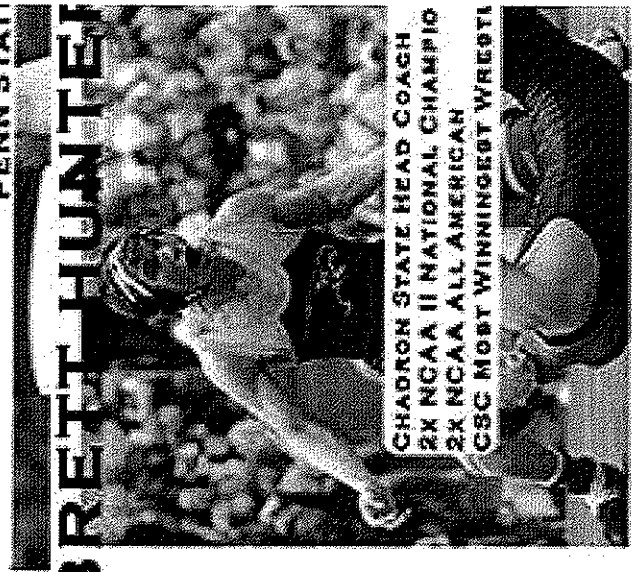
ALL AMERICAN WRESTLING CAMP

PRESENTED BY
KELLY WALSH
WRESTLING

JULY 26, 27, 28



BO NICKAL
2017 NCAA NATIONAL CHAMPION
2016 NCAA NATIONAL RUNNER-UP
2X NCAA ALL AMERICAN
NATIONAL CHAMPION TEAM
PENN STATE



BRETT HUNTER

CHADRON STATE HEAD COACH
2X NCAA II NATIONAL CHAMPION
2X NCAA ALL AMERICAN
CSC MOST WINNINGEST WRESTLER

CAMP SCHEDULE

WED, JULY 26
11:30 AM REGISTRATION
SESSION #1
1:00PM - 4:00 W/ KYLE KILGORE
(AGES 12+)

THURS, JULY 27 - W/ BRETT HUNTER
SESSION #2
9:00AM-12 (AGES 12+)
LUNCH
SESSION #3
1:30PM- 3:00 (AGES 7+)
3:00PM-4:30 (AGES 12+)

**7:00PM-END
CAMP TOURNAMENT**

FRI, JULY 28 W/ BO NICKAL
SESSION #4
9:00AM-12 (AGES 12+)
LUNCH
SESSION #5
1:30PM- 3:00 (AGES 7+)
3:00PM-4:30 (AGES 12+)

**CAMP LOCATION
KELLY WALSH HIGH SCHOOL
3500 E 12 ST
CASPER, WY 82609**

**FOR QUESTIONS CONTACT
TRAVIS PEAK
george@215myncaad.org
307-350-8380**

2017 ALL AMERICAN WRESTLING CAMP

Authorization and Release Form

Note: In order for your child to participate in the 2017 All American Wrestling Camp, this form must be completed, signed and turned into camp directors prior to starting camp.

Child's Printed Name

Child's Date of Birth

AUTHORIZATION

I authorize and give my consent for any licensed medical provider or athletic trainer to provide medical treatment, emergency services or assistance to my child related to his/her participation in the 2017 All American Wrestling Camp. I agree to assume all costs related to such treatment, services or assistance.

Insurance Company

Policy Number

RELEASE

I give permission for my child identified to the left to participate in the 2017 All American Wrestling Camp at Kelly Walsh High School. I assume all risks of accident or injury that may result from his/her participation in this activity. I release Natrona County School District, Kelly Walsh High School, camp organizers, coaches, and all officers, employees, agents, volunteers and participants from liability (including, but not limited to, legal claims and suits for any injury, damage or loss (personal property) resulting from his/her participation in this activity.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date