

Purpose

The *Washington Wrestling Freestyle Training Camp* is an intensive training environment designed to prepare middle school and high school wrestlers to compete at the national level.

Schedule

Friday, May 30

5:30 PM	Check in
6:00	Technique Session
7:30	Break
7:45	Live Wrestling & Cardio Session
9:00	End

Saturday, May 31

9:30 AM	Technique Session
11:00	Run
11:45	Lunch
12:45 PM	Wrestling Session
2:00	Break
2:15	Technique Session
3:30	Break
3:45	Wrestling Session
4:30	Break
4:45	Cardio Session
5:30	End

Sunday, June 1

9:30 AM	Technique Session
10:45	Run
11:30	Lunch
12:30 PM	Wrestling Session
1:30	Break
1:45	Cardio
2:30	Camp Ends

Camp Director (253) 508-0171	Adam France Head Coach Auburn Mountainview HS 2 x All American, Simon Fraser University Washington State Champion
Clinicians	<ul style="list-style-type: none">• Canadian Olympic Team Members• Simon Fraser University Team Members

Cost

\$50 (by May 16)

\$60 (after May 16)

Send Payment to: **AMHS Wrestling**, c/o Adam France
28900 124th Ave Se
Auburn, WA 98092

Features

Live Wrestling, Cardio Sessions, Technique with College & Senior level Wrestlers

Technique will include: Push outs, Clinch, Leg Attacks, Front Head Locks, Underhooks, Leg attack defense & Counter Attacks, Mat turns and defense

What To Bring

Because there are multiple wrestling sessions each day, wrestlers are urged to bring at least one extra work out shirt on Friday, three sets of workout gear on Saturday, and at least two on Sunday.

- Work out gear and wrestling shoes
- Running Shoes
- Outdoor running gear depending on weather
- Towel and soap
- Sack Lunch and snacks
- Water Bottle

**For more information contact Adam France at
(253) 508-0171 or wrestlingshoe@yahoo.com.**

Registration

Washington Wrestling *Freestyle* Training Camp

Please send registration form and check or money order made payable
to AMHS Wrestling to:
28900 124th Ave SE, Auburn, WA 98092

Name _____ Age ____ Grade ____

Address _____

City _____ State _____ Zip _____

School _____

In case of injury or illness, necessary emergency treatment is
authorized.

Insurance Company _____

Policy Number _____

I hereby release any and all representatives of the Washington
Wrestling *Freestyle* Training Camp from any and all liability and
injuries or illness incurred while in camp. In case of illness or injury
incurred while in camp, I authorize the said camp to act for me in any
medical emergency, according to their best judgment.

Home Phone _____ Cell Phone _____

Parent/Guardian Signature Date

Washington Wrestling *Freestyle* Training Camp



*3 days of Intense Training and Technique
Featuring*

Simon Fraser University

&

*Canadian Olympic
Team Members*

May 30, 31 - June 1

Auburn Mountainview HS

**28900 124th Ave. SE
Auburn, WA 98092**