

2009 Heavyweight Clinic

For all High School 215 and 285 pounders

Originally the “Monster Moves for Monster Men” Clinic

Learn to wrestle like a Heavyweight
From a Heavyweight

Jim Nielsen
Assistant Wrestling Coach
Moses Lake High School

1980-81, 2 time State Champion, Moses Lake High School,
1987, NCAA D-1 All American, Brigham Young University,
1988 USA Wrestling, US Open, Bronze Medalist
2000 USA Wrestling, Veterans National Champion
2000 FILA, World Silver Medalist
2002 USA Wrestling Greco World Team Athletic Trainer

Friday and Saturday, June 26-27, 2009
Moses Lake High School Wrestling room

This is an active clinic, you will need to bring your wrestling gear and enough changes for 5 sessions.
Please plan on a couple of t-shirts per session.

You will need some swim gear, a sleeping bag, a pillow and an air mattress.

Cost of this clinic is \$100, for both wrestler and coach.

You can pay for this clinic on PayPal to the email bigjim@qosi.net or mail in your payment.

Coaches that bring more than 2 wrestlers can contact me about discounted rates.

This is the schedule for the clinic:

Friday: 9 am	registration	Saturday: 7:30 am	Wake up
9:30 am	Session 1	8 am	breakfast
11 am	swim	9:30 am	Session 4
12 pm	lunch	11 am	swim
1 pm	film	12 pm	lunch
2 pm	Session 2	2 pm	Session 5
3:30 pm	swim	3:30 pm	end clinic
5 pm	dinner		
6 pm	film		
7 pm	Session 3		
9 pm	movie and snack fruit		
11pm	lights out		

Mail Registration Form and Payment to:

Heavyweight Clinic
C/O Jim Nielsen
911 S. Balsam St.
Moses Lake, WA 98837

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

School: _____ Year: _____

Weight: _____ T-Shirt Size: _____

USA Wrestling Card #: _____

Parents Name: _____ Contact Phone: _____

Insurance Company: _____ Phone: _____

Insurance Policy Number: _____ Group#: _____

Please include a copy of your medical card with this registration form

Please list any medical condition: (include your allergies and any medications you will be taking during the two day clinic): _____

Any other limitations: _____

Emergency Contact Person: _____ Cell Phone: _____

I agree to allow my child to be treated by a licensed Physician or registered nurse at the clinic's facility or licensed facility if need be, while attending the 2009 Heavyweight Clinic. I will assume all costs related to such treatment. I understand this agreement and I agree to the terms associated with this clinic. I understand that all participants attending this Heavyweight Clinic using the clinic's facilities does so at his own risk. The host school, its athletic department and staff are not liable for any damages arising from personal injury sustained by the participant during the clinical sessions. I hereby release Heavyweight Clinic staff from any and all liability for injuries or illnesses incurred while at the clinic.

I HAVE READ AND UNDERSTAND THE MEDICAL RELEASE AND I WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE HEAVYWEIGHT CLINIC.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____