



# **MAVERICKS**

## **WRESTLING SUMMER CAMP**

*Girls 6th-12th Grade as of 2024-2025*



***JUNE 20-21, 2024***

**NOC Tonkawa**

**Cost of Camp**

***\$250***

### ***DAY 1***

8-9 am Check in/Weigh ins

9-9:30 am Welcome/Intros

9:30-10:30 am Warm Ups

10:30-11 am Basic Rules of Freestyle

11 am -12 pm Technique Session 1

Main gym - Coach Miller

Wrestling Room - Coach Kenny

12-1 pm Lunch

1-13:0 pm Warm Up

1:30-2:30 pm Technique Session 2

2:30-3:30 pm College Girls Technique

3:30-4:30 pm College Girls Technique

4:30-5 pm Wrap up for the Night

### ***DAY 2***

8-9am Check in/Coaches Meeting

9-9:30 am Warm Up

9:30 am -12 pm Freestyle Tournament

12-1 pm Lunch

1-13:0 pm Warm Up

1-5 pm Finish Tournament

Name Outstanding Wrestlers

## **TO REGISTER, CONTACT**

**Head Women's Wrestling Coach**

**Jayden Miller**

**580.628.6762**

**[jayden.miller@noc.edu](mailto:jayden.miller@noc.edu)**

*Payment Accepted through NOC Development Office located inside  
the Library-Administration Building, NOC Tonkawa, 580.628.6214  
or you may bring payment to camp. Please make checks payable to NOCF Wrestling.*



**Life changing.**

# SIGN-UP FORM

Bring this form with you the first day of camp.

Name \_\_\_\_\_ Grade[next year] \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Names & Numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## DEFINITION OF LIABILITY AND LIMITATIONS

All campers will be covered by an Excess Accident Medical Insurance policy which is understood to pay \$5,000.00 in medical expenses, including accidental death and dismemberment, for injuries sustained during camp sessions. Any medical or related expenses not covered by this policy are the responsibility of the parent.

Signed \_\_\_\_\_ Parent of \_\_\_\_\_

## APPOINTMENT OF AGENT

I hereby appoint Camp Director or Assistant Director, of lawful age, as my agent and representative for the purpose of

Authorizing and counseling to hospital care and or medical care and treatment of \_\_\_\_\_  
for any illness or injury that may occur while such person is in the care or custody of the agent during the camp while I am  
away, on vacation, or otherwise not immediately available to give such consent.

Allergies \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

For More Information Contact  
Coach Jayden Miller • 580.628.6762 • jayden.miller@noc.edu