

Camp Director

Jeremy Hernandez: 3x MT State Champ, Wrestled at Concordia College, Head Coach West High

Camp counselors: West High wrestling coaching staff

Accommodations: Non-commuting wrestlers will be housed at individual homes in Billings. The host families will be responsible for feeding the wrestlers breakfast, a sack lunch, and Dinner each day of camp. Transportation on to and from West High School will be taken care of by the host family. (If you can host out of town wrestlers please let me know you will be given \$30 per wrestler you host.) **Please inform us ASAP if you plan on coming so we can arrange houses for wrestler to stay.**

What to Bring:

Sleeping Bag, pillow, toiletries, workout gear, wrestling shoes, running shoes, spending money.

Daily Schedule: (subject to change) 4th-12th

Friday (5:00-7:00pm)- Match Preparation/Technique

Saturday-Monday

9:30-10:00am: Morning Run

10:00-11:30 Technique/live wrestling

11:30-1:00 Break for lunch

1:00-3:30pm Technique/live

K-3rd

Saturday-Monday

10:30am-11:30am Tech/Live

11:30am-2:00pm BREAK

2:00pm-3:00pm Tech/Live

Check-In: Is from 4:00pm-5:00pm on 1st day of camp (July 26th). Host families will pick up wrestlers at the end of the 1st session (7:00pm) on the 1st day of the camp (July 26th).

Camp Cost: \$140 Wrestlers needing host families: \$170

Make checks payable to **Osos Wrestling Camp**

Send Checks to: Jeremy Hernandez

1648 Touch Stone Street West

Billings, MT 59106

Questions: Jeremy Hernandez at 406-794-6584 Email at hernandezj@billingssschools.org

Medical Insurance: Campers are responsible for their own insurance. No one will be admitted to Osos Wrestling Camp without a signed emergency release including an insurance policy number. Please detach the portion below and send it in with the check made out to **Osos Wrestling Camp**.

Osos Wrestling Camp: Registration Form

Name: _____ Age _____

Address: _____ City _____ State _____ Zip _____

Home Phone (____) _____ Emergency Phone (____) _____

Insurance Company _____ Policy Number _____

T-shirt size (circle) Youth: S M L Adult: S M L XL XXL **(t-shirts will be made on site!)**

I hereby waive and release Osos Wrestling Camp from any and all liability and injuries or illness incurred while in camp. I authorize the said camp to act for me in any medical emergency, according to their best judgment.

Parent/Guardian Signature _____ Date _____

Email _____