

OLYMPIAN STYLE WRESTLING CAMP

SIGN-UPS:

Tuesday, Dec 20th, 4:45 to 5:30p.m.

WHO: ages 5 - 13 or in Middle school

WHAT TO BRING: T-shirt, shorts or sweats (no jeans), & wrestling shoes if you have them (not required)

WHEN: Dec 21, 22, 23rd - 5:30 p.m. - 7:30 p.m.

WHERE: Sprague HS Wrestling Room - Entrance and exit will be limit to "Tennis court" doors

COACHING STAFF: Guest Clinician Mike Ritchey (Sprague Head Wrestling Coach, 3x NAIA National Coach of the Year), AJ Antillon (Sprague HS Assistant Coach), and other staff TBD

Camp Director Jeff Davis, Assistant Coach at Sprague H.S.

Goals

1. Introduction to fundamentals of wrestling
2. Tumbling drills
3. Learn the power of 1%
4. Learn some history of the sport of wrestling
5. Free wrestling book
6. Watch real USA Olympians compete
7. Wrestling Games
8. Meet current Sprague wrestlers.



Cost is as follows:

\$20 per night or \$50 for all three nights.

Registration form is on the back of this flyer.

Mike Ritchey
Sprague High School
Head Wrestling Coach
ritchey_mike@[salkeiz.k12.or.us/](mailto:ritchey_mike@salkeiz.k12.or.us)
541.625.3229



Olympian Youth Wrestling Camp @ Sprague High School



WHEN: December 21, 22, 23
5:30-7:30pm

***Current and former Sprague High School players and coaches may be in attendance and help direct drills during camp.**

Cost

* Camp Cost = \$20/per night or \$50/all 3 nights

** Send your registration to Sprague High School

*** Cash or check should be made out to Sprague Wrestling

****Mail Registration and Payment to:

Sprague High School
Mike Ritchey
2373 Kuebler BLVD
Salem, OR, 97302

COVID Guidelines

1. Athletes will be required to wear a mask while inside the building, however during participation mask can be removed by the athlete.
2. Athletes will be required to bring their own water bottle.
3. Athletes will be required to stay home if they feel sick or have come into contact with someone that has had COVID in the past 14 days.
4. Waiver of Liability **MUST** be signed before participation (This is a separate form-See Attached)

Questions?

Contact Coach Ritchey

Email: Ritchey_Mike@salkeiz.k12.or.us

Registration Form

First Name Last Name

Address City Zip

Home Phone Emergency Phone

Email Address for Future Reminders

School Grade (For Fall) Birthday

Payment: I have attached the \$20 OR \$50 to this registration form as well as the signed Waiver of Liability....

YES _____ NO _____

Insurance Waiver

I also understand that Sprague High School does **NOT** provide medical insurance coverage and that I will be responsible for any medical expenses incurred due to an injury during any clinic days.

Parent/Guardian Signature Date

Salem-Keizer Public Schools

**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE
DISEASES INCLUDING COVID-19**

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/Guardian phone: Work: _____ Other: _____

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Salem-Keizer Public Schools cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in Olympian Youth Wrestling Camp. Participation in Olympian Youth Wrestling Camp includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in the Olympian Youth Wrestling Camp and any related transportation to and from these events, both my child and I voluntarily agree to waive and discharge any and all claims against Salem-Keizer Public Schools and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of Salem-Keizer Public Schools, its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless Salem-Keizer Public Schools, Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to, or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in the Olympian Youth Wrestling Camp.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the Olympian Youth Wrestling Camp, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release Salem-Keizer Public Schools from all liability for any loss regardless of cause, and claims arising from the student's participation in the Sprague Skyline Wrestling Camp.

Student Signature

Date

Parent/Legal Guardian Signature

Date