

2015 www. Choose Top .com Leg Camp

The ability to use your legs from the top position to control your opponent is one of the ultimate equalizers in scholastic wrestling. This camp is designed to teach you to stay in good position, score, pin, and defend legs.

When:
June 1st – 3rd, 2015

Where:
McLean High School
1633 Davidson Road
McLean, VA 22101

Schedule:

Monday, June 1st – 6 PM – 8 PM
Session 1: Position and Getting Leg In
Tuesday, June 2nd – 6 PM – 8 PM
Session 2: Scoring
Wednesday, June 3rd – 7 PM – 9 PM
Session 3: Leg Defense and Leg Tricks

Go to www.choosetop.com for additional information, including:

Online registration

Additional dates and locations are being added weekly in Northern, Central, and Southern Virginia, as well many other states

A comprehensive list of the specific techniques covered

An honor roll of past Choose Top state placers

Coach Keel's background

Who:
Wrestlers with least two years experience.
Camp is not intended for beginning wrestlers.

Cost: \$70
Instructor: Coach Matt Keel Head Wrestling Coach – Skyline High School

Contact: 540-303-1280
Email: coachkeel@choosetop.com

Send Cash, Check, or Money Order to:
Matt Keel – 163 Park Way – Front Royal, VA 22630
Make Checks Payable to: Matt Keel

Registration on Back

Choose Top Leg Camp

Registration Form

Camp Location: _____

Name: _____

Address: _____

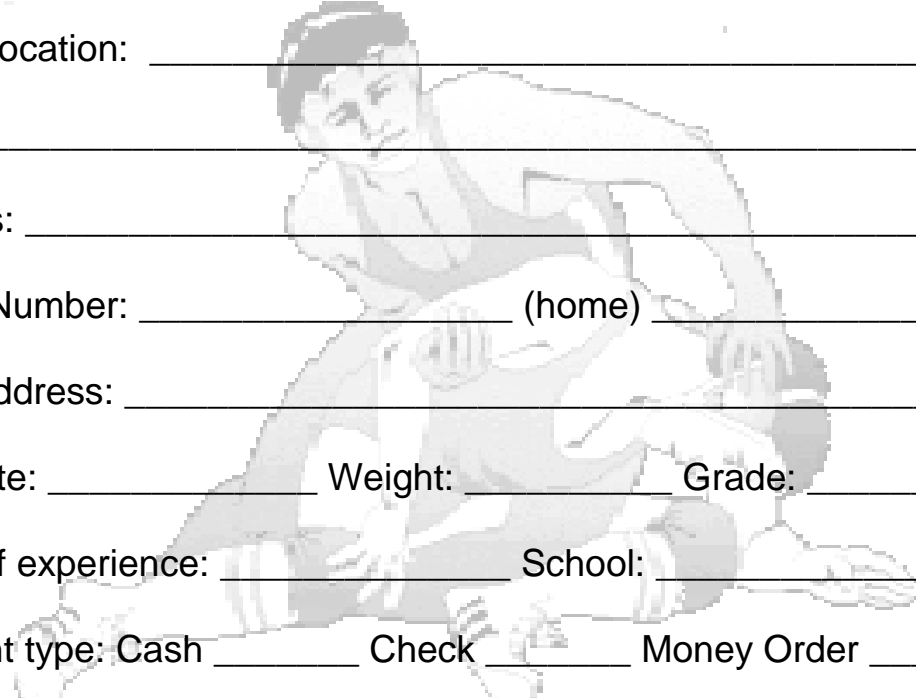
Phone Number: _____ (home) _____ (work)

Email address: _____

Birth date: _____ Weight: _____ Grade: _____

Years of experience: _____ School: _____

Payment type: Cash _____ Check _____ Money Order _____



Medical Information: If your child has any medical issues that may be a problem for him/her to participate in an athletic activity please tell us now!

Consent to Participate Form

I give permission for _____ to wrestle in the Choose Top Leg Camp. I hereby release those involved with the camp, agents of the school, or representatives from any responsibilities or liability for injury or accident, lost property, or stolen property that may happen during my child(s) participation in this wrestling camp. I will notify staff members of any illness or health problem that may affect my child(s) ability to participate. I know only a medical doctor can approve of my child(s) health to participate in this type of activity.

Parent signature: _____ Date: _____

Wrestler's signature: _____ Date: _____