



Sanford Medical Center
1305 W. 18th Street
PO Box 5039
Sioux Falls, SD 57117-5039

Augustana College

Wrestling Camp

Grades K-5

Monday-Thursday | June 14-17, 2010

Elmen Center Augustana College

Sioux Falls, SD

Featuring:

Augustana Head Wrestling Coach

Jason Reitmeier and

Augustana Assistant Tom Meester

Sponsored by



Register online at www.augiecamp.com

Wrestling Camp

In this four-day camp, you will learn technique and skills from all wrestling positions, along with training habits that have made Augie wrestlers successful. You will learn from our experienced camp staff, the finest folkstyle and collegiate techniques. You will also receive instruction on the safest and most effective methods of conditioning, weight training, diet, nutrition and motivation.

Wrestling Instruction and Session Break-down

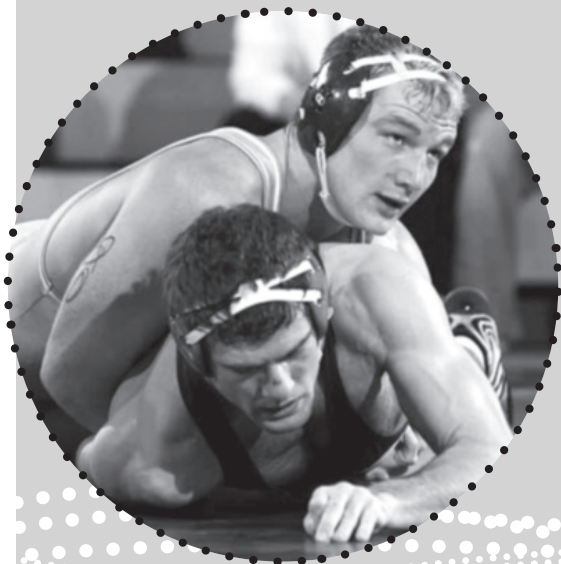
- Monday-Thursday, June 14 – 17
- K-5th grade will run from 6 – 8 p.m.

Cost

The cost for the wrestling camp, which includes technical instruction from all positions and a camp t-shirt is \$100. If you bring eight or more kids from your school or town, the fee is \$75. (must register together)

Supervision

Camp staff will oversee all instruction and supervision, during all sessions and during breaks. Trainers will be available at all sessions.



Camp Clinicians

Jason Reitmeier

Head Coach, Augustana
2005 NWCA Div. II Coach of the Year
1997 NCAA Div. II Champion
2x NCAA All-American
JR World Greco Team Member
Two-time JR National Freestyle Champion
Two-time Minnesota State Champion

Tom Meester

Assistant Head Coach, Augustana
Three-time NCAA Div. II All-American
Two-time NCAA Div. II National Champion
2005 NWCA Div. II Outstanding Wrestler of the Year
Three-time Iowa State Placer
2004 North Central Region NCAA Div. II -Wrestler of the Year
Ranked 6th in the Nation in Freestyle

2009-010 Augustana College Wrestling Team

Augustana Wrestling Camp

2001 S. Summit Ave., Sioux Falls, SD 57197
For questions or information please contact
Jason Reitmeier at (605) 376-0444.



Augustana Wrestling Camp

2010 Application Form

Register by June 14, 2010 | Registration Fee: \$100

Name _____

Street _____

Address _____

City _____

State _____ Zip _____

Name of Parent/Guardian _____

Parent Phone _____

Ht. _____ Wt. _____ Age _____

Shirt Size _____ Grade (Fall '10) _____

Birthday _____/_____/_____

School _____

Coach's Name _____

Make checks payable to:

Augustana Wrestling

2001 S. Summit Avenue, Sioux Falls, SD 57197

(605) 376-0444

I/We hereby request that you accept the application of _____ for enrollment in the 2009

Augustana Wrestling Camp. In consideration of your acceptance of this application, I/We hereby release all of the Clinic employees and the Clinic Director from all claims on account of any injuries which may be sustained by my/our son/daughter while attending the 2009 Augustana Wrestling Camp; and I/We agree to indemnify the 2009 Augustana Wrestling Camp, all its employees, and Clinic Directors for each claim which may hereafter be present by my/our son/daughter as a result of any such injuries. I/We also certify that my/our son/daughter is medically fit to participate in your program

Parent/Guardian Signature