

Wrestlers who attend this camp will receive the benefits of both a Clinic Session and a Live Session. The camp will be divided into groups based on experience level. The Clinic Session portion of the day will focus on wrestling skills in all three positions (neutral, top, and bottom). The Live Session is just that; live wrestling against fellow peers. We look forward to spending the day with those of you who value the training aspect of wrestling and the hard work and determination that it takes to reach that next level.



### CAMP COST

**\$20.00** – per individual

**\$15.00** - Team Discount per individual (5 or more team members).

**\$15.00** - Family Discount (each additional sibling)

\* There will be no team or family discounts if you decide to walk in. The discounts are reserved for campers who pre-register by Monday August 21, 2017 only.

## **CIRCLE OF HONOR**



## **WRESTLING CAMP**

**August 26, 2017**

**East Fairmont High School**  
Fairmont, WV

### SCHEDULE

**Clinic Session: 9:00 – 12:00**

**Break**

**Live Session: 1:00 – 3:00**

Make checks payable to:

**EF Wrestling Boosters**



Call/Email Info to:

*Jory Whorton*  
*jory.whorton@gmail.com*  
*(706) 662-9641*

*Joey Mayle*  
*joey.mayle@yahoo.com*  
*(304) 694-2994*

### ~Featured Clinician~

**Danny Irwin**



MEET THE **NEW** HEAD COACH AT  
WHEELING JESUIT UNIVERSITY

ASSISTANT COACH  
WABASH (IND.) COLLEGE  
2008-2017

- 4 DIII TOP 10 FINISHES
- 3 NCAA TEAM TROPHIES
- 7 TOP 30 ACADEMIC TEAM PERFORMANCES
- BEST OF BRAND FINALIST
- 2014, 2016, 2017 NWCA MIDWEST REGIONAL ASSISTANT COACH OF THE YEAR
- 2010 MID-STATES ASSISTANT WRESTLING COACH OF THE YEAR

HEAD COACH  
BLUFFTON (IND.) HIGH SCHOOL  
2006-2008

- CONFERENCE CHAMPIONS
- TEAM REGIONAL QUALIFIER

WRESTLER MANCHESTER COLLEGE

- 2X DIII NATIONAL QUALIFIER
- 99 COLLEGIATE WINS
- 2005, 2006 JIM GRATZ STUDENT LEADERSHIP AWARD
- TEAM CAPTAIN

## CAMP REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Wt \_\_\_\_\_

I hereby authorize the directors of the Circle of Honor Wrestling Camp to act for me according to their best judgment in an emergency requiring medical attention. I know of no mental or physical problems that may affect my child's ability to safely participate in this camp. I hereby waive and release the Circle of Honor Wrestling Camp from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in the Circle of Honor Wrestling Camp. I will be responsible for any medical and other charges in connection with my child's attendance at the Circle of Honor Wrestling Camp. I have read the rules and regulations of the camp and both the camper and I agree to abide by them.

\_\_\_\_\_  
Wrestler is covered by (insurance policy number)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Phone number for emergency contact