

# Watkins Trained 1% West Virginia Wrestling Camp

**Attention Mom, Dad and Coaches :** We cordially invite your child to participate in a very special opportunity. We believe the sport of wrestling teaches many of life's lessons, such as discipline, determination, and accountability. The sport truly helps build character in a person and teaches individuals to be the best that they can be as well as to compete at a high level. Athletes in this sport will take the competitiveness that they have learned into the classroom and use it later on in life.

About Coach Watkins:

- Head Wrestling Coach at West Stokes High School
- Former Assistant Coach at Wayland Baptist University NAIA (2 men All Americans, 7 women All Americans)
- Seton Hill University 4 year starter Division 2
- Head Instructor of Watkins Trained Wrestling Camps
- Counselor and Instructor at Rob Wallers All American Wrestling Club, the largest and longest running club in Pennsylvania
- Works With Nuway as an Instructor
- 2016 WPAC Coach Of the Year

Contact Phone [336 831 5823](tel:3368315823)

Email [Buck.watkins@stokes.k12.nc.us](mailto:Buck.watkins@stokes.k12.nc.us)

Head Coach

Jason Powers [304 677 5289](tel:3046775289)

Email [jpmagyver@gmail.com](mailto:jpmagyver@gmail.com)

5 Days Offered.

When: June 14th through the 18th 2016

Cost: 125.00/ extra sibling 100.00. After May 15(postmark) 150.00/125.00

Where: Doddridge County High School 79 Bulldog Drive, West Union, WV 26456

Lunch will be provided. Please list food allergies if your child has any!

Campers receive a free T shirt. Early registration guarantees size..

Make checks payable to **DCMS Wrestling** and mailed to:

DCMS 65 Doddridge County School Rd., West Union, WV 26456

Sessions: Drop off at 7:30a.m.

8 to 11 Technique and hard drilling

Lunch 11-1 2 hr break

1-4 situational live, live wrestling and conditioning

What To Bring: Shorts, wrestling shoes, head gear, water bottle, and a positive attitude.

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Phone: \_\_\_\_\_  
mom/dad email \_\_\_\_\_

T shirt size, please circle one: YS YM YL AS AM AL AXL

\*Please provide insurance information, provider and policy

# \_\_\_\_\_

List all allergies: \_\_\_\_\_

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