



MAVERICKS

WRESTLING SUMMER CAMP

Girls 6th-12th Grade as of 2024-2025



JUNE 20-21, 2024

NOC Tonkawa

Cost of Camp

\$250

DAY 1

8-9 am Check in/Weigh ins
9-9:30 am Welcome/Intros
9:30-10:30 am Warm Ups
10:30-11 am Basic Rules of Freestyle
11 am -12 pm Technique Session 1
Main gym - Coach Miller
Wrestling Room - Coach Kenny
12-1 pm Lunch
1-13:0 pm Warm Up
1:30-2:30 pm Technique Session 2
2:30-3:30 pm College Girls Technique
3:30-4:30 pm College Girls Technique
4:30-5 pm Wrap up for the Night

DAY 2

8-9am Check in/Coaches Meeting
9-9:30 am Warm Up
9:30 am -12 pm Freestyle Tournament
12-1 pm Lunch
1-13:0 pm Warm Up
1-5 pm Finish Tournament
Name Outstanding Wrestlers

TO REGISTER, CONTACT

Head Women's Wrestling Coach

Jayden Miller

580.628.6762

jayden.miller@noc.edu

*Payment Accepted through NOC Development Office located inside
the Library-Administration Building, NOC Tonkawa, 580.628.6214
or you may bring payment to camp. Please make checks payable to NOCF Wrestling.*



Life changing.

SIGN-UP FORM

Bring this form with you the first day of camp.

Name _____ Grade[next year] _____ School _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____

Contact Names & Numbers:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

DEFINITION OF LIABILITY AND LIMITATIONS

All campers will be covered by an Excess Accident Medical Insurance policy which is understood to pay \$5,000.00 in medical expenses, including accidental death and dismemberment, for injuries sustained during camp sessions. Any medical or related expenses not covered by this policy are the responsibility of the parent.

Signed _____ Parent of _____

APPOINTMENT OF AGENT

I hereby appoint Camp Director or Assistant Director, of lawful age, as my agent and representative for the purpose of

Authorizing and counseling to hospital care and or medical care and treatment of _____
for any illness or injury that may occur while such person is in the care or custody of the agent during the camp while I am
away, on vacation, or otherwise not immediately available to give such consent.

Allergies _____

Parent or Guardian _____

For More Information Contact
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