

## 2021 Elementary Wrestling Mini Camp

Who: Grades 1-6

Where: High School Wrestling Room

**Practice Schedule:**

Dates: November 8, 10, 11 (no practice on Tuesday, Nov. 9)

Who: Boys and Girls in Grades 1 thru 6

Time: Grades 1 and 2            6:00 pm - 6:45 pm

          Grades 3, 4, 5 and 6    7:00 pm - 7:45 pm

Registration: Onsite Prior to Minicamp

Monday, November 8, 5:45 pm for grades 1-2, 6:45 pm for grades 3-6

Cost: NO CHARGE

Practice Dress: All wrestlers are expected to come properly equipped. This includes athletic shorts, short sleeve t-shirt and wrestling shoes. No jeans or street shoes. Wrestling shoes are available to use or purchase.

Purpose: To give kids an opportunity to enjoy and understand the sport of wrestling while having FUN and learning the FUNDAMENTALS.

Coaches: High School Coaching Staff and Wrestlers.

Questions: Contact Coach Vaith via email at [dvaith@lake-city.k12.mn.us](mailto:dvaith@lake-city.k12.mn.us)

### Program Philosophy and the Elementary Season

The intent of our Mini Camp is to introduce the sport of wrestling and emphasize the fundamental skills. For some boys this is all they desire. However, we strive to meet the varied interests of all kids. With that in mind, if any 1<sup>st</sup> thru 6<sup>th</sup> grader is interested in more advanced techniques and/or competition we have options to satisfy those interests. This schedule will be shared at the completion of minicamp.

### **\*\*FILL OUT PERMISSION SLIP (BELOW) AND BRING TO REGISTRATION\*\***

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\_\_\_\_\_ has my permission to participate in the Lake City Elementary wrestling program. I agree to be legally bound and herewith release the owners of real estate where the program is to be held, and representatives from any and all claims to rights, or damages for injuries and/or loss suffered by \_\_\_\_\_, whether by training, attendance in or traveling to or from this program, and further I state that I have adequate health insurance to cover any injuries or sickness during this program.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

\*Please note that this activity is not sponsored or endorsed by Independent School District 813.

Wrestler Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_