



## 2020 FRANKLIN SABER WRESTLING CAMP

July 31<sup>st</sup> – Aug 1<sup>st</sup>

Featuring

Dennis Papadatos (HC-Hofstra Univ.) and Hofstra Wrestlers  
Franklin High School

Open to all wrestlers from 4<sup>th</sup> – 12<sup>th</sup> Grade

- High intensity camp focused on skill enhancement
- Commuter camp with refreshments, lunch, and dinner provided for all wrestlers
- Limited to the first **50** wrestlers to maintain a low wrestler to coach ratio(<10:1)
- Other counselors will be highly successful coaches and wrestlers with local roots
- Camp fee \$140, performance T-shirt included. (Checks payable to **Franklin High School**)

The main purpose of this camp will be to provide a fun but focused atmosphere to assist wrestlers with taking their abilities to the “next level”. It will be a power packed weekend covering all aspects of wrestling including takedowns, mat wrestling, strength and conditioning, and mental toughness. Camp will include drilling, live wrestling, situational wrestling, and games meant to enhance all wrestling skills.

Please complete the registration form(back), athletic camp waiver, and concussion plan agreement. All forms can be found at the Franklin site listed below:

<https://www.franklin.k12.wi.us/franklin-high-school/athletics-and-activities/camps>

**Registration Deadline: June 15, 2020**

**Please make checks payable to: Franklin High School**

**Completed forms and camp fees should be sent to:**

Franklin High School  
Attn: Saber Wrestling Camp  
8222 S. 51<sup>st</sup> Street  
Franklin, WI 53132

**If you have any questions, please contact:**

**Devoll Sino – FHS Head Wrestling Coach**

[devoll.sino@rexnord.com](mailto:devoll.sino@rexnord.com)

**414-248-0143**

## 2020 Franklin Wrestling Camp Registration Form

Please fill out ALL information and forms:

Camper's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (Fall 2020): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-shirt size (circle one) YOUTH : S M L XL XXL

ADULT: S M L XL XXL

Parent Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

(Detach and return registration, forms, and camp fees to the address listed above)

### Tentative Camp Schedule (subject to change)

Friday July 31<sup>st</sup>:

Time	Activity	Location
7:00am – 7:45am	Wrestler Check-In	Upper Gym/Wrestling Room
8:30am – 9:00am	Welcome to Camp, Overview, Introductions	Upper Gym/Wrestling Room
9:15am – 9:30am	Warm-up	Cafeteria
9:30am – 11:00am	Technique Session – Focus on Neutral Position	Cafeteria
11:15am – 1:00pm	Rest and Lunch	MPR and Upper Gym
1:15pm – 3:00pm	Hard Practice, Drilling, and Live Wrestling	Cafeteria
3:15pm – 4:15pm	Strength and Conditioning Intro/Workout	Weight Room/Upper Gym
4:30pm – 5:45pm	Rest and Dinner	MPR and Upper Gym
6:00pm – 7:30pm	Technique Session – Focus on Bottom Position	Cafeteria
7:45pm – 8:30pm	Team Building/Game Time	TBD

Saturday August 1<sup>st</sup>:

Time	Activity	Location
7:30am – 7:45am	Wrestler Check-In (Assign to 3 groups)	Upper Gym/Wrestling Room
8:00am – 9:00am	Light Run and Conditioning (3 groups)	Square/Weight Room/Upper Gym
9:15am – 11:00am	Technique Session – Focus on Neutral Position	Cafeteria
11:15am – 1:00pm	Rest and Lunch (Pool Time)	MPR, Upper Gym, and Pool
1:15pm – 3:00pm	Technique Session – Focus on Top Position	Cafeteria
3:15pm – 4:15pm	Strength and Conditioning Workout <b>or</b>	Weight Room/Upper Gym
	Mental Attitude and Motivation	Cafeteria
4:30pm – 5:45pm	Rest and Dinner	MPR and Upper Gym
6:00pm – 7:30pm	Hard Practice, Drilling, and Live Wrestling	Cafeteria
7:45pm – 8:15pm	Team Building/Game Time	TBD
8:30pm – 9:00pm	Facility Cleanup and Wrestler Dismissal	MPR/Upper Gym/Cafeteria

## Athletic Camp Waiver

### Required Waiver of Liability Agreement

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

**Name of Camp** \_\_\_\_\_

**Participant** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

**1. Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**2. Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**School Attending in the Fall** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form must be completed and submitted to the athletic office in order to participate in the athletic camp.**

