

# **BEST TRAINED CHAMPIONSHIP WRESTLING CLINIC**

**Featured Clinician:**

**MICHAEL LIGHTNER**

*Assistant Coach Oklahoma Univ.*

**1x NCAA Natl. Champion**

**4x All American**

**4x Oklahoma High School State Champion**

**October 11, 2017**

**6 – 8pm**

**Registration: 5:30 – 6pm**

**at the AHS Stadium Wrestling Room**

**155 Rivercrest**

**Allen, TX 75002**

**Cost: \$15.00**

Make Checks Payable to:  
Best Trained Wrestling



Questions?  
For more information  
contact Jerry Best  
214.244.9037

Or

[BestTrained@Earthlink.net](mailto:BestTrained@Earthlink.net)

\*Open to any and all wrestlers\*



Wrestlers Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

**PARENT/GUARDIAN RELEASE**

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs for treatment and or attention. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Allen Independent School District and Best Trained Wrestling, the camp and its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participating in camp activities or while at camp, whether or not damages, injury or loss is due to negligence.

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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