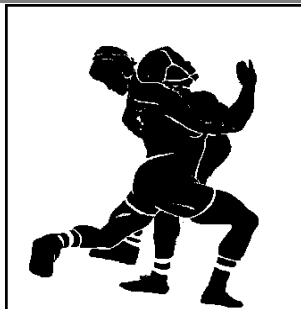


Mt. Lebanon Youth Wrestling Camp



June 28 - July 1, 2010

- ◆ **What:** A youth developmental camp
- ◆ **Where:** Mt. Lebanon H.S. Wrestling Room
- ◆ **Time:** 9:00 - 11:30 AM (Grades 2-9)
- ◆ **Who:** Any student currently in grades 2-9
(this includes 9th graders from this school year)
- ◆ **Price:** \$85
- ◆ **Contact:** Coach Lewis (724-873-0836)

STAFF

Primary Instructors

Bill Lewis (Mt. Lebanon Varsity Head Coach)

Dave Davies (Peters Township M.S. Coach)

Chris Buda (Assistant Coach Jefferson M.S.), Marc Allemang (3x NCAA Qualifier)

Guest Clinician:

Jeff Breese (2x PIAA State Champion, Head Coach of Penn State - New Kensington)

Plus:

Members of the Mt. Lebanon Varsity Wrestling Team and alumni currently wrestling in college will attend selected sessions.

Blue Devil Wrestling Youth Camp

Mt. Lebanon Youth Wrestling

This year begins the 16th annual Mt. Lebanon Youth Wrestling Camp. This camp is designed for wrestlers of all ages and abilities. Our camp philosophy is that wrestling should be fun. Our coaches are passionate about the sport. We believe in teaching the fundamentals of the sport.

An excellent coaching staff will provide quality instruction and a supportive camp environment. We hope that you will join us for another successful camp!



Blue Devil Pride



To Contact Us

Mt. Lebanon Youth Wrestling Camp
Mt. Lebanon High School
C/O: Athletic Office
155 Cochran Road
Pittsburgh, PA 15228

Email: BLewis@mtlsd.net
Phone: 724-873-0836

2010 Youth Wrestling Camp Application

June 28 - July 1, 2010

Name _____ Current Grade: _____

Address: _____ Phone _____

Tee-Shirt Size: _____ Weight: _____ Cost: \$85 Make Checks Payable to:
Circle One (Youth/ Adult) "Blue Devil Club - Wrestling"

Pre-registration accepted by mail at Mt. Lebanon High School (C/O: Athletic Office)
or register in person at the door the first day of camp.

As the parent or legal guardian of the above, I hereby generally waive, release, indemnify and hold harmless the Mt. Lebanon Youth Wrestling Association, Mt. Lebanon Municipality, Mt. Lebanon School District, its officers, directors, administrators, instructors, coaches, agents, representatives and/ or assigns, or the like who are associated with the Program in any way, from any injury or liability whatsoever which may result from the child's participation in the Program. Further, I hereby affirm that the child is medically able to participate in the Program, without limitation.

Parent of Guardian signature: _____ Date: _____

FOR FURTHER INFORMATION, CALL 724-873-0836