

# JOSH KINDIG MINI CAMP

WALK-IN  
REGISTRATION  
\$60

ALL  
WRESTLERS ARE  
WELCOME!



**SATURDAY, JUNE 30TH, 2018**

**Location-** Wantagh Middle School, 3299 Beltagh Ave, Wantagh, NY, 11793.  
Contact Justin Accordino at (570)-709-9105 or [Savagewrestlingclub@gmail.com](mailto:Savagewrestlingclub@gmail.com)

# SCHEDULE

## Registration

8:00-8:45am

## Warm-Up

9:00-9:15am

## Technique

9:15-11:15am

## Live Wrestling & Conditioning

11:15-12:00pm

# CLINICIANS



## Josh Kindig

- 2x Pennsylvania State Champ
- 3x Pennsylvania State Finalist
- Oklahoma State Cowboys 2010-2015
- 2014 NCAA Finalist 149lb
- 2007 Freestyle Fargo National Champion
- 6x Freestyle/Greco Fargo National Finalist
- 2011 5th Junior World Freestyle Championships
- 2017 3rd Men's Freestyle U.S. Open



## Justin Accordino

- 2x Pennsylvania State Place Winner
- 2006 NHSCA National Champion
- 2011 NCAA All-American
- 5x Freestyle/Greco Fargo All-American

# Josh Kindig Mini Camp

Presented by Savage Wrestling Club  
3299 Beltagh Avenue, Wantagh, NY 11792  
Savagewrestlingclub@gmail.com

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ USA Wrestling Card Number: \_\_\_\_\_  
School Name: \_\_\_\_\_

## Parental Waiver and Consent:

As a parent/guardian of the child named above, I hereby give my consent and approval for my child to participate at Josh Kindig Mini Camp Presented by Savage Wrestling Club. I certify that my child is in good health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation may involve physical contact and there are certain risks of injury inherent in the practice and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by club authorities and/or for transportation to a hospital's emergency room for illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Josh Kindig Mini Camp Presented by Savage Wrestling Club, its officers, coaches, facilities and representatives for any injury that may be suffered by my child in the normal course of participation and activities incidental to it.

Parent/Gardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_