

# Olympic and World Champ Camp

OHIO CAPITALS WRESTLING CLUB

## June 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>



Logan Stieber  
World Champion  
4x NCAA CHAMPION



Ross Thatcher  
NCAA All-American  
National Champion Coach  
Coached at PSU, OSU, OU



Jim Edwards  
NCAA All-American  
State Champion Coach



Kyle Snyder  
Olympic Champion  
2x World Champion  
3x NCAA CHAMPION

Where: Hilliard Darby HS, 4200 Leppert Rd, Hilliard, Ohio 4200  
When: June 1<sup>st</sup> 6:45pm to 8:15pm  
June 2<sup>nd</sup>, 3<sup>rd</sup> 10:00am to 11:30am and 12:30pm to 2:00pm  
Registration: June 1<sup>st</sup> 5:45pm to 6:45pm  
Cost: \$125 a wrestler  
Who: This camp is open to any and all wrestlers  
What to Bring: Bring a packed lunch, something to drink and extra money for Camp T-Shirts  
Contacts: Ross Thatcher 814-769-4694 Coach Brendan Moody 614-565-1090

**Logan Stieber will have some Logan Stieber clothing to sell.  
Kyle Snyder will have some Kyle Snyder-Rudis Gear to sell.**

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**OLYMPIC AND WORLD CHAMPIONS at Camp**

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**Big Ten & NCAA Champion Coach at Camp**

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**State Champion Coach at Camp**

# Central Ohio Elite Wrestling Camp June 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

Ohio Capital Wrestling Club – Hilliard Darby HS

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Grade you are going into \_\_\_\_\_

Paid \$125 \_\_\_\_\_ How long have you be wrestling \_\_\_\_\_

### **Parents: Please Read and Sign!**

1. My child has permission to attend the Ohio Capital Wrestling camp at Hilliard Darby High School
2. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Ohio Capital Wrestling camp at Hilliard Darby High School.
3. I acknowledge that, at camp my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where he may risk injury.
4. I specifically, fully and forever, waive and release Ohio Capital Wrestling Camp, Clinicians, Counselors and Hilliard Darby High School, its owner and staff liability and claims for damages my child may sustain at camp and in travel to and from said camp.
5. In the event of an emergency in which my child requires medical care, I authorize the staff of the Ohio Capital Wrestling Camp to obtain, for him, necessary medical treatment.

**Parent's/Gaurdian's Signature:**

**Date:**

**Emergency Contact and Relation:**

**Emergency Phone:**

**Emergency Contact and Relation:**

**Emergency Phone:**

**PLEASE BRING THIS FORM FILLED OUT AND SIGNED BY A PARENT TO CAMP!!!!!!**