



2006 Oregon State University Wrestling Clinics

OSU COMING TO YOU!

Four Clinic Locations To Choose from.

Train with Champions! Learn to be more successful on the mat by becoming more proficient in your wrestling technique.



JIM ZALESKY

OSU Head Coach
3X NCAA Champion

October 14 Kentlake High School, Kent, WA
10 am – Noon, then 1 – 3 pm



TROY STEINER

OSU Asst. Coach
NCAA Champion

October 15 Lake Stevens High School, Lake Stevens, WA
1 – 5 pm

October 21 Gresham High School, Gresham, OR
10 am – Noon, then 1 – 3pm



KEVIN ROBERTS

OSU Asst. Coach
2x NCAA
All-American

October 22 Henley High School, Klamath Falls, OR
1 – 5 pm

Cost: \$40 to pre-registration, \$50 at the door
(make checks payable to: Orange Crush Wrestling Club)

Deadline for pre-registration is October 10, 2006

Mail to: Oregon State Wrestling
114 Gill Coliseum
Corvallis, OR 97331

ADDITIONAL COACHES

TRAVIS PASCOE

OSU Assistant Coach

STRYDER DAVIS

Orange Crush
Wrestling Club

For more information contact:

Troy Steiner at 541.230.6014 or troy.steiner@oregonstate.edu

Kevin Roberts at 541.230.0613 or kevin.roberts@oregonstate.edu

Application information on back>



Registration Information

COPY THIS FORM FOR ALL APPLICANTS TO FILL OUT.

A confirmation letter will be sent when application and deposit are received.

Name _____

Address _____

City _____ State ____ ZIP _____

Parent or Guardian _____

Email _____

Telephone _____ / _____ (Home) (Work)

Birth Date ____ / ____ / ____ Grade in 2006 _____

Weight ____ Age ____

Please Provide This Important Information

Name _____ Applicant's full legal name

Past Health _____

Past Injuries _____

Present Health (On medication?) _____

Drug Sensitivities _____

Other Allergies _____

Insurance Company _____

Insurance Company Address _____

Policy Holder _____

Policy Number _____

Other Health & Accident Coverage (Medicare, welfare, etc.) _____

Policy Holder _____

Policy Number _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Sports Camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Student Health Services or University Hospitals. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim.

Parent's or Guardian's Signature _____ Date _____

Applicant's Signature _____ Date _____

Choose Your Location

Please Check-off Box

October 14 Kentlake High School, Kent, WA 10 am - Noon, then 1 - 3 pm

October 15 Lake Stevens High School, Lake Stevens, WA 1 - 5 pm

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Oregon State University requests information for the purpose of registration in It's Sports Camps programs. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration.