

## Camp Director

**Jeremy Hernandez:** 3x MT State Champ, Wrestled at Concordia College, Head Coach West High

**Camp counselors:** West High wrestling coaching staff

**Accommodations:** Non-commuting wrestlers will be housed at individual homes in Billings. The host families will be responsible for feeding the wrestlers breakfast, a sack lunch, and Dinner each day of camp. Transportation on to and from West High School will be taken care of by the host family. (If you can host out of town wrestlers please let me know you will be given \$30 per wrestler you host.) **Please inform us ASAP if you plan on coming so we can arrange houses for wrestler to stay.**

### What to Bring:

Sleeping Bag, pillow, toiletries, workout gear, wrestling shoes, running shoes, spending money.

### Daily Schedule: (subject to change) 4th-12<sup>th</sup>

9:30-10:00am: Morning Run

10:00-11:30 Technique/live wrestling

11:30-1:00 Break for lunch

1:00-3:30pm Technique/live

### K-3<sup>rd</sup>

10:30am-11:30am Tech/Live

11:30am-2:00pm BREAK

2:00pm-3:00pm Tech/Live

**Check-In:** Is from 8:30am-9:30am on 1st day of camp (July 28th). Host families will pick up wrestlers at the end of the 2<sup>nd</sup> session (3:30pm) on the 1<sup>st</sup> day of the camp (July 28<sup>th</sup>).

**Camp Cost: \$140 Wrestlers needing host families: \$170**

Make checks payable to **Osos Wrestling Camp**

**Send Checks to:** Jeremy Hernandez

1648 Touch Stone Street West

Billings, MT 59106

**Questions:** Jeremy Hernandez at 406-794-6584 Email at [hernandezj@billingssschools.org](mailto:hernandezj@billingssschools.org)

**Medical Insurance:** Campers are responsible for their own insurance. No one will be admitted to Osos Wrestling Camp without a signed emergency release including an insurance policy number. Please detach the portion below and send it in with the check made out to **Osos Wrestling Camp**.

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### Osos Wrestling Camp: Registration Form

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

T-shirt size (circle) Youth: S M L XL Adult: S M L XL XXL **(t-shirts will be made on site!)**

I hereby waive and release Osos Wrestling Camp from any and all liability and injuries or illness incurred while in camp. I authorize the said camp to act for me in any medical emergency, according to their best judgment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_