



Jeff Jordan's State Champ Camp, LLC 2019 Spring Weekend Camps



Jeff Jordan's State Champ Camp, LLC, now offers Spring Weekend Camps. This camp is designed to prepare wrestlers who are going to be competing in spring and summer tournaments. We have camps for all ages, weights, and talent!

These camps are designed to introduce the basic techniques needed for wrestlers to win a state title and prepare for spring and summer competition. We will be covering leg attacks, defense, and wrestling from the top and bottom position. Along with these techniques we will emphasize the set-ups and finishes to each shot. All of these takedowns will be incorporated into a drilling workout that is extremely intense. If you are interested in attending any of these weekend camps, we strongly urge you to get your application in immediately to help reserve a spot for you. We look forward to training you in your quest to be the ultimate... STATE CHAMPION!

APPLICATION

Name _____ Age _____ Grade _____ Weight _____

School _____ Record & Accomplishments _____

Address _____ City _____

State _____ Zip _____ Phone(____) _____ Email _____

Please mark the weekends that you are able to attend with a "yes", and place a "no" beside the weekends that you are not available to attend. This helps in getting wrestlers of similar age and weight placed together. Selections will be made in late March and confirmations will then be mailed to you shortly thereafter.

Weekend #1 April 5-7 _____

Weekend # 2 May 10-12 _____

** Check-In: Friday evening 6:30pm (First session 7:00pm)

** Check-Out: Sunday 10:30am (Last session is from 9:00-10:30am)

Cost: \$195 Make Checks payable to: Jeff Jordan's State Champ Camp

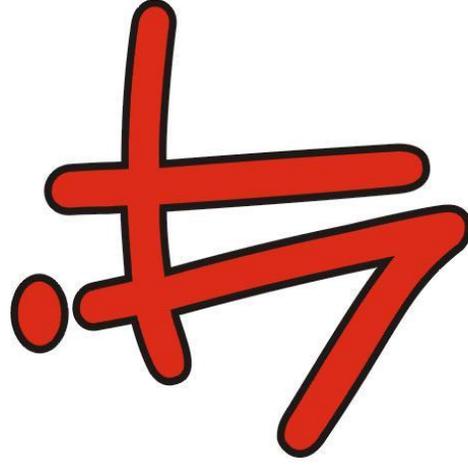
Deposit: \$100 Due with application (Balance of \$95 due upon arrival)

Mail To: Jeff Jordan
1954 Neff Rd.
Urbana, OH 43078

Phone: 937-788-2161
Email: jeffjordanscc@ctcn.net

www.jordantrained.com
www.jt-gear.com

Jeff Jordan's
State Champ Camp
Spring Weekend Camp



JORDAN TRAINED

Jeff Jordan's
State Champ Camp, LLC
1954 Neff Road
Urbana, OH 43078

"Noah Didn't Wait For His Ship To Come In... He Built One"

Medical Waiver

Wrestler's Name _____

Week Attending _____

Parent Consent and Waiver of Responsibility

In consideration of Jeff Jordan's State Champ Camp, LLC, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to as following: Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless Jeff Jordan's State Champ Camp, LLC., its owners, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Jeff Jordan's State Champ Camp, LLC, from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Jeff Jordan's State Champ Camp, LLC. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designs to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature Date

Medical Information

Insurance Company _____ Policy/Group # _____ ID# _____

City: _____ State: _____ Zip Code: _____

Medical History: _____

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home) _____

(Cell) _____

****Please include a copy of the front and back your insurance card****