



Loyalsock Wrestling Hosts  
 3 x NCAA Champion  
 2 x Hodge Trophy Winner  
**ZAIN RETHERFORD**



**Clinic Information:**

When: Sunday, November 4<sup>th</sup> 2018  
 Where: Loyalsock Township High School

Schedule: 7<sup>th</sup> Grade - 12<sup>th</sup> Grade (Limited to 150 wrestlers)  
Session 1: 9:00-11:30 (Check In from 8:15-8:45)  
Autographs/Pics: 11:30-12:30

Kindergarten - 5<sup>th</sup> Grade (Limited to 150 wrestlers)  
Session 2: 1:00-3:30 (Check in from 12:15-12:45)  
Autographs/Pics: 3:30-4:30

\*6<sup>th</sup> Grade choose a session based on skill level & Experience  
 \*Sessions tailored to each age group

Cost: \$35 per wrestler / One Session ONLY!

Questions: Contact J.C. Keefer: [jkeefer@montoursville.k12.pa.us](mailto:jkeefer@montoursville.k12.pa.us) / 570-777-6865  
 or Schuyler Frey: [deadeyesky@verizon.net](mailto:deadeyesky@verizon.net) / 570-419-3939

Please Return bottom portion of this form with a check made payable to LEWA for \$35  
 Send to: LEWA, P.O. Box 273, Montoursville PA 17754

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 Wrestler's Name \_\_\_\_\_ Grade \_\_\_\_\_ (if in 6<sup>th</sup>, indicate session) 1 \_\_\_ or 2 \_\_\_  
 Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 Address \_\_\_\_\_  
 School/Club Affiliation \_\_\_\_\_

\*Liability release: I, the undersigned, individually and as a parent/guardian of the above listed athlete, a minor, ask that he/she be admitted to participate in the wrestling clinic sponsored by the LEWA. I do hereby agree to release, discharge and hold harmless all parties involved, their volunteers and employees from all liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the camp activities. I also give permission for my child to be photographed in relations that the photographs may be used to promote the LEWA Retherford Clinic.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_