

PENN MANOR WRESTLING CLUB

-CRADLE CLINIC-

September 29th, 2018

Featuring NCAA Division 1 Wrestling Coach Mike Rogers.



Current Head Coach of men's wrestling at F&M College in Lancaster, PA. Coach Rogers wrestled for Lock Haven University from 1994-1997. He was a 3x NCAA D1 National Championships qualifier. Rogers earned All-American honors 2x, placing as high as 6th place both times. In 1996 he was winner of the Gorrarian Award for the most pins in the least amount of time at the National Championships. Before attending Lock Haven University, he was a Florida High School State champion, as well as a national runner up. Coach Rogers is renowned for his cradles & pinning combinations.

Clinic Location:

Penn Manor High School- Central Complex Gym

100 E Cottage Ave, Millersville, PA 17551

Elementary Session (Grades 1st-6th):

Athlete Drop off & Check in from 8:15-8:45am

Training Session: 8:45-11:30am (2 hours)

Athlete pick up: 11:30am-12:00pm

Junior High & High School Session (Grades 7th-12th):

Athlete Drop off & Check in 12:00-12:30pm

Training Session: 12:30-2:45pm (2 Hours)

Athlete pick up: 2:45-3:15pm

Registration & Details:

\$20 per athlete residing outside of Penn Manor SD.

\$200 Team Rate - Teams with 10 or more athletes

Penn Manor School District Athletes Are FREE

Payments online or by check

Checks are to be made out to **PMWC**

Registration: <http://pmwrestling.com/WP/sign-ups/cradle-clinic/>

Free admission for spectators & L-L League Coaches

Teams(10+) are to mail checks to the below address

L-L League Coaches Encouraged to Participate

MAIL CHECKS & REGISTRATION FORM TO: PMWC 96 EAST BOEHMS ROAD, WILLOW STREET, PA 17584
Contact Russell Deaver @ Russell.deaver@gmail.com or by phone @ 717-917-9951 with any questions.

CLINIC REGISTRATION FORM

Athlete's Name _____

Date of Birth _____ Age _____

Grade _____

School District _____

Number of Years of Experience _____ (1 Year of experience required)

Home Address _____

Phone Number _____

Email Address _____

Emergency Contact Name #1 _____

Emergency Contact Number #1 _____

Emergency Contact Name #2 _____

Emergency Contact number #2 _____

Medical Conditions _____

Legal Release: *I, the parent / legal guardian of the above-named athlete gives my permission for my child to participate in the Penn Manor Wrestling Club's Cradle Clinic and all activities associated with the wrestling clinic. I, as the legal custodial parent / guardian of the above-named athlete, assume all risks and hazards incidental to such participation. I do hereby release, resolve, indemnify and agree to hold the Penn Manor Wrestling Club and Penn Manor School District, its officers, coaches, and parties or persons involved from any claims arising from injury. We also understand the Penn Manor Wrestling Club and Penn Manor School District does not carry primary accidental or liability coverage for their participants. The Penn Manor Wrestling Club is in no way associated with the Penn Manor School District. I, the undersigned, understand it is my personal responsibility to provide primary insurance coverage for my child.*

Parent/Guardian (Printed Name) _____

Parent/Guardian (Signature) _____

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