

**DATE**

Tuesday, June 20 - Thursday, June 22, 2017

**LOCATION**

North Central Junior High School  
180 W Forevergreen Rd.  
North Liberty, IA 52317



**HOSTED BY**

Andy Bell, NCJHS Head Coach

**CAMP DIRECTOR**

Joe Williams, LHS Co-Head Coach

**COST**

\$80 includes camp registration,  
T-shirt & lunch

**GRADES**

K-8th

**TIMES**

Technique: 9:00am to 11:00am  
Games: 11:00am to 11:30am  
Lunch: 11:30am to 12:30pm



**Joe Williams**

Camp Clinician  
Olympian  
3x NCAA Champion  
Liberty H.S.  
Co-Head Coach



**Tom Van Dyke**

Camp Clinician  
H.S. State Champ  
Liberty H.S.  
Co-Head Coach



**Andy Bell**

Camp Clinician  
North Central Jr. High  
Head Wrestling Coach

**Cut and Mail- PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:**

**Athlete Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Yrs. Wrestling:** \_\_\_\_\_

**School:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*The above athlete has my permission to participate in the Liberty Wrestling Camp. I hereby accept full responsibility for his/her behavior & for his/her participation. I waive all claims for damages, loss or injury. I understand that North Central Jr. High School cannot be held responsible for lost items or liable for accidents. Any damage to property will be billed at the rate deemed appropriate by the school district.*

**Signature of Parent or Guardian:** \_\_\_\_\_

**MAIL REGISTRATION FORM AND PAYMENT TO Joe Williams, PO Box 851, North Liberty, IA 52317.**

**Questions? Call (815) 978-7636 OR**

**REGISTER ON-LINE: <http://williamstrainingacademy.com/2017-liberty-wrestling-camp/>**