

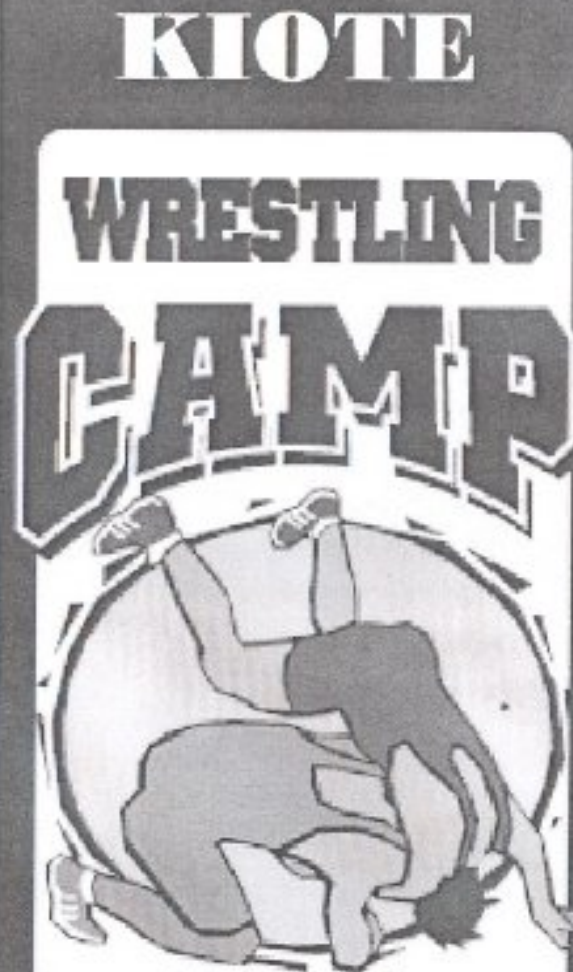


CAMP CLINICIANS

Martin Konechne: Two-time South Dakota State B Champion from Kimball, SD (2002, 2003) where he compiled a 136-21 career record; Former Wrestler for SDSU; Academic All-State Athlete; Currently Assistant Coach for Brookings High School

Dan Bonte: Four-time South Dakota State B Champion from Garretson, SD (2001, 2003, 2004, 2005); Former Wrestler for SDSU


Thomas Konechne: Three Time High School State B Place Winner From Kimball, SD; Wrestled 4 years for DWU; Three Time National Qualifier; NWCA-NAIA All Academic Team 2007;



July 27-28, 2009
Kimball School Gym

Wrestlers Entering K-6th Grades
—9:00 AM until Noon

Wrestlers Entering 7-12th Grades
—2:00 PM to 5:00 PM
&
—6:00 PM to 8:00 PM



COST

The Kiote Wrestling Camp fee is \$25.00 for K-6th Grade and \$40.00 for 7th-12th Grade. The fee must accompany your registration form. Checks may be written to Kimball/White Lake Wrestling. Registration must be received by July 22 to qualify for a wrestling camp t-shirt.



For more information contact
Russ Konechne at 730-0866 or 734-5564 or
Craig Nightingale at 680-0273 or
249-2524.

Please send registration forms and fee to:

Craig Nightingale
24585 375th Avenue
White Lake, SD 57383
Phone: 249-2524 or 680-0273

**PARENTAL/GUARDIAN
CONSENT AND WAIVER OF
RESPONSIBILITY**

**Kimball/White Lake
Wrestling Camp**

I agree on behalf of the wrestler named on this application form, that the Kimball School, the White Lake School, and/or their staff, and/or the camp clinicians will not be held responsible for any injury, accident, or loss of property, however caused. It is further agreed that all risks involved in participation in said camp are assumed by the student and his parent or guardian, who are also responsible for the medical fitness of the enrollee and for all medical cost incurred in case of an injury while attending the Kimball/White Lake Wrestling Camp.

I certify that my child is in good health and there is no reason that he cannot safely participate in strenuous physical activity. I also certify that my child does not have a contagious disease.

I have read the above and consent to the terms as stated.

Wrestler's Signature

Parent/Guardian's Signature

Date

APPLICATION FORM

Name of Wrestler: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Grade: _____
2009-2010 School Year

T-Shirt Size _____
(Youth S, M, L; Adult S, M, L, XL, XXL)

Camp Fee

\$25 (K-6th Grade)

\$40 (7th-12th Grade)

EMERGENCY CONTACT

Name: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Kiote Wrestling Camp



*For additional registration forms, please make copies or go to
the website:*

<http://www.whitelake.k12.sd.us/Wrestling/Wrestling%20Schedule.htm>

*A light supper will be provided
for the 7th-12th Grade wrestlers
between the afternoon and
evening sessions.*