

Mitch Hancock's

SHAMROCK

TRAINED WRESTLING CAMPS



10 Team State Championships
1969 • 1970 • 1971 • 1974 • 1978 • 1983 • 1988 • 2010 • 2012 • 2013

53 Individual State Championships
13 Individual State Championships in past four years

CAMP DETAILS

Who: All Wrestlers, Grades 2nd-12th

Date: Monday-Thursday, July 22-25

Location: Mike Rodriguez Wrestling Complex
(Detroit Catholic Central Wrestling Room)
27225 Wixom Road
Novi, MI 48374

Cost:

- \$150.00 (Includes Camp Shirt)
- Make all checks or money orders payable to Mitch Hancock
- Send checks or money orders to:
Detroit Catholic Central High School
27225 Wixom Road Novi, MI 48374
Attn: Wrestling

For Registration Details, Contact:

- Call Mitch Hancock at 248-789-8961 or send an email to Mhancock@catholiccentral.net

CAMP SCHEDULE

Monday-Thursday

9-11 a.m.	Morning Session
11 a.m.-12 p.m.	Lunch (provided by camp)
12-1:30 p.m.	Afternoon Session

Wrestlers are to attend both sessions unless otherwise arranged.

Main Camp Clinicians

Other clinicians may be added later

Mitch Hancock

Detroit Catholic Central Head Coach

- Led DCC to three D1 State Championships in the last 6 years
- Coached over 45 All-Staters and 9 State Champs to 13 Individual Titles in 5 Years
- 2012 MHSOA Coach of the Year
- 2010 Division 1 Head Wrestling Coach of the Year
- 2005 NCAA Division 1 All-American
- Two-time NCAA Qualifier
- 2005 Mid-American Conference Champion
- Midland's Finalist
- USA Junior National Finalist

Jason Mester

Central Michigan Assistant Coach

- Helped CMU capture the 2012-13 MAC Championship
- Two-time All-American
- Three-time MAC Champion
- Four-time national qualifier for Central Michigan

Josh Churella

- Three-time All-American
- Big Ten Champion
- 2008 University World team member
- Three-time Michigan state champion

Other Clinicians

- Dave Beazley
- Anthony Biondo
- DCC Coaching Staff
- DCC State Champs and All-Staters

REGISTRATION FORM ON THE BACK

Registration Form

Participants Name: _____

Date of Birth: _____

Grade _____

Address: _____

Guardian's Name: _____

Emergency Phone #: _____

Email: _____

Shirt Size: Youth _____ Adult _____

Liability Waiver

In consideration of Detroit Catholic Central High School providing sponsorship and/or facilities for this program and / or Detroit Catholic Central High School providing facilities, I hereby release and hold harmless and agree to indemnify Detroit Catholic Central High School and/ or Mitch Hancock and/ or the DCC wrestling program and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property sustained or caused by me or my ward while participating in any program offered by Detroit Catholic Central High School. I understand that fees do not include accident or personal property insurance. I further understand that I am, or my child or ward is physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician.

Further, in the event of an injury, I hereby give permission and consent and authorize emergency first aid and/or hospital care or treatment fro myself and/or my child/ward if deemed necessary by qualified emergency or medical personnel or by said employees, agents, or representatives of Detroit Catholic Central High School, and further agree to assume all expenses for said treatment.

Minor's Parent or Legal Guardian Signature

Date