# Mitch Hancock's 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: Open to wrestlers of all ages

Date: Friday-Sunday, June 21-23

**Location:** Grass Lake High School

11500 Warrior Trail, Grass Lake, MI 49240

### Cost:

- \$100.00
- Make all checks or money orders payable to Grass Lake High School
- Send checks or registration forms to:

Tony Van Loon P.O. Box 645

Jackson, MI 49204

# For Registration Details, Contact:

- Tony Van Loon at 517-416-6968 or tdcccvanloon@yahoo.com

# **CAMP SCHEDULE**

## **Friday**

Session 1 6-8 p.m.

Saturday

Session 2 10 a.m.- Noon Session 3 1 p.m.- 3 p.m.

Sunday

10 a.m.- Noon Session 4 Session 5 1 p.m.- 3 p.m.

# **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-Stater's and 9 State Champs to 13 Individual Titles in 5 Years
- · 2012 MHSCA Coach of the Year
- 2010 Division 1 Head Wrestling Coach of the Year
- 2005 NCAA Division 1 All-American
- Two-time NCAA Oualifier
- 2005 Mid-American Conference Champion
- Midland's Finalist
- USA Junior National Finalist

# **Anthony Biondo**

### **Detroit Catholic Central Assistant Coach**

- University of Michigan Captain for 2 years
- · Three-time NCAA D1 Qualifier
- Two-time Academic All-American
- Two-time University of Michigan Athletic Achievement **Award Winner**
- Three-time MHSAA D1 State Champion
- Wrestling USA High School All-American

# Other Clinicians

- Matt Steintrager
- DCC Coaching Staff
- Former NCAA All-Americans

**REGISTRATION FORM ON THE BACK** 

# **Registration Form**

Participants Name:	_
Date of Birth:	_
Grade	_
Address:	_
	_
Guardian's Name:	_
Emergency Phone #:	_
Email:	_
<b>Liability Waiver</b>	
In consideration of Grass Lake High School providing sponsorship and/or faci Lake High School providing facilities, I hereby release and hold harmless and School and/or Mitch Hancock and/or the DCC wrestling program and their emfrom any and all claims, costs, damages, and liabilities for injuries or property ward while participating in any program offered by Grass Lake High School. I accident or personal property insurance. I further understand that I am, or my participating in the program based upon consultation with my, or my child's of the school of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my, or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program based upon consultation with my or my child's of the program and the program a	agree to indemnify Grass Lake High ployees, agents, and representatives y sustained or caused by me or my understand that fees do not include y child or ward is physically capable of
Further, in the event of an injury, I hereby give permission and consent and an hospital care or treatment fro myself and/or my child/ward if deemed necess personnel or by said employees, agents, or representatives of Grass Lake Hig all expenses for said treatment.	ary by qualified emergency or medica
Minor's Parent or Legal Guardian Signature	
Date	