

# Mitch Hancock's SHAMROCK TRAINED WRESTLING CAMPS



**Eight Team State Championships**  
1969 • 1970 • 1971 • 1974 • 1978 • 1983 • 1988 • 2010

**43 Individual State Championships**  
**Three Individual State Champions in 2010**

## CAMP DETAILS

**Who:** All Wrestlers, Grades 2nd-12th

**Date:** Monday-Thursday, July 19th -22nd

**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, MI48374  
Attn: Wrestling

### For Registration Details, Contact:

- Call Mitch Hancock at 248-789-8961  
or send an email to [Mhancock@catholiccentral.net](mailto: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 a D1 State Championship in just 3 years
- Division 1 Head Wrestling Coach of the Year
- Coached over 20 All-Stater's and 4 State Champs to 6 Individual Titles in 3 Years
- 2005 NCAA Division 1 All-American
- Two-time NCAA Qualifier
- 2005 Mid-American Conference Champion
- Midland's Finalist
- USA Junior National Finalist

### Mark DiSalvo

#### Central Michigan University Assistant Coach

- Three-time national qualifier
- Two-time All-American (2005, 2006)
- Two-time MAC Champion
- Over the past 3 years, guided 10 individuals to be named All-American and 3 times coached teams to a top 15 finish at the NCAA Championships

### Mike Krause

#### Head Coach Team Shamrock

- Head Coach NXT LVL Wrestling Academy
- National Youth Clinician
- Four-time MSU Lettermen-Scholarship Athlete
- First All-Stater in history for Livonia Churchill

### Other Clinicians

- Matt Steintrager
- 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