



Camp Director: Jim Schee

Contact Info:

Office: 817.744.1688

Cell: 817.714.8047

email: james.schee@kellerisd.net

LOCATION: Keller High School Wrestling Room
601 N. Pate Orr Rd.
Keller, TX 76248
TIME: 9:00 a.m. - 11:00 a.m.
GRADES K-6

Primary skills that will be taught:

Stance/Motion
 Penetration Step/Level Change
 Stand Ups
 Switches
 Grips
 Hand Control
 Sprawls
 Basic Rolls
 Hip Awareness

Secondary skills that will be introduced:

FUN
 Sportsmanship
 Discipline
 Work Ethic
 Teamwork

Camp Fees: \$100.00 (includes camp t-shirt)

Registration

Name: _____ Parent/Guardian _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Email: _____

Grade Entering: _____ Age: _____ Weight: _____ School: _____

T-Shirt Size (circle one): Adult SM MED LG XL XXL Youth XS SM MED LG

I agree to allow my child to be treated by a licensed physician, EMT, registered nurse or athletic trainer if necessary while attending the Big Chief Wrestling Camp. I understand and agree that all parties associated with the Big Chief Wrestling Camp are not liable and will not assume responsibility for any accidents, injuries, medical or dental expenses incurred by my child during Big Chief Wrestling Camp.

Signature of Parent or Guardian _____ Date _____

Mail completed registration form and payment by June 4th to:

Jim Schee 901 Forest Park Ct. Keller, TX 76248

Make all checks payable to Big Chief Wrestling