

Shepherd Wrestling Camps

Shepherd High School
Shepherd, Montana

Camp 1 July 15-17th

Camp Clinicians:

Matt and Brandon
Weber

Camp 2 July 25th

Camp Clinicians:

Tanner and Cooper
Cook and Minnesota
Teammates

Camp 3 July 30th

Camp Clinicians:

Shepherd High School
Wrestling Team Members

Please send
registration form and
payment to:

Don Jenkins
1835 Briarwood Blvd
Billings, MT 59101

Checks payable to:
Shepherd Wrestling

The camps are open to athletes entering grades 2-12 in the fall of
2022. **The registration fee covers all three camps.**

Early Bird Specials (register and pay by June 15)

Grades 2-6: \$75

Grades 7-12: \$100

After June 15

Grades 2-6: \$100

Grades 7-12: \$125

Camp 1 Schedule

July 15th

6:00 PM Check-In

7:00 PM-8:30 PM Skills/Technique (grades 2-8)

July 16th

8:00 AM Check-In

9:00-11:00 AM Skills/Technique (grades 2-12)

11:00 AM-1:00 PM Lunch

1:00-3:00 PM Skills/Technique (grades 2-12)

3:00-5:00 PM Games, Relax

5:00-7:00 PM Skills/Technique (grades 2-12)

**Grades 2-6 will be released at 6:30 PM, grades 7-12 will wrestle live from 6:30-7 PM*

July 17th

8:00-10:00 AM Wrestling (grades 2-12)

10:00-11:30 AM Breakfast

11:30 AM-1:00 PM Wrestling (grades 2-12)

Camp 2 Schedule

9:00 AM Check-In

10:00 AM-12:00 PM Skills/Technique (grades 2-12)

12:00-2:00 PM Lunch

2:00-4:00 PM Skills/Technique (grades 2-12)

Camp 3 Schedule

9:00 AM Check-In

10:00 AM-12:00 PM Technique/Wrestling (grades 2-12)

12:00-1:30 PM Lunch

1:30-3:30 PM Technique/Wrestling (grades 2-12)

Registration Form

Name: _____

Age: _____

Grade (fall of 2022): _____

Parent or Legal Guardian: _____

Phone: _____

Emergency Contact: _____

Phone: _____

I hereby authorize the staff of the Shepherd Wrestling Camps to act according to their best judgment in any emergency requiring medical attention. I, for myself and my child, hereby release and agree to hold harmless Shepherd Schools, its employees, and the director(s) and staff of the camp of and from all liability, claims, or causes of action from the illness, injury, or death of my child resulting from or incurred during my child's attendance at the camp/school. I acknowledge that Shepherd Schools and the wrestling camp do not provide insurance of any kind for camp participants.

Parent/Guardian Signature: _____

Date: _____