Competitor’s Edge
Genoa Wrestling is proud to sponsor our 9th annual wrestling camp featuring 2 NCAA Champions at the Genoa HS Athletic Complex on June 24-25-26 from 9 am – 2:30 pm.

Wrestling Camp
The goal of the Camp is to create champions by bringing in some of the best wrestlers and coaches in the country to share technique and training philosophies.

Camp Counselors

J. Jaggers
♦ Ohio State Assistant Coach
♦ 2x NCAA Champion at OSU
♦ 3x NCAA All-American
♦ 4x NCAA Qualifier
♦ 4x OHSAA State Champion

Mike Pucillo
♦ 2016 Olympic hopeful
♦ NCAA Champion at OSU
♦ 2x NCAA Finalist
♦ 3x NCAA All-American
♦ Ohio HS State Champion

Nick Purdue
♦ 2012 MAC Champion at 174 lbs.
♦ 3x NCAA Qualifier
♦ 2x MAC Conference Runner-up
♦ 2x OHSAA Champion for Genoa

Camp Application

Athlete ____________________________________
School ______________________  Weight _______
Grade (Fall) ____  Age ____  Birth Date __________
T-shirt size (circle one):  YM   YL   S   M   L   XL   2XL
Address ___________________________________
City ___________________  State _____________
Zip ___________  Phone (         ) _______________
Amount Paid _______________________________
E-Mail ____________________________________
* $10 discount for additional siblings
* $20 discount for team of 6 or more
Early Registration:  June 10th for free T-shirt

Make Checks Payable to:  Genoa Wrestling Club
Mail Registration to:  
Competitor’s Edge Wrestling Camp
6371 N. Blue Violet Ct.
Curtice, OH 43412

For more information call or e-mail:
Robert Bergman
Genoa Varsity Coach
419-217-4843

Dom D’Emilio
Event Coordinator/Genoa Coach
419-277-3780
Dom.Demilio@GenoaWrestling.com
9th Annual Competitor’s Edge Wrestling Camp Schedule
Genoa Athletic Facility on June 24-25-26

Session I:
9:00 am – 11:15 am

Lunch: 11:15 am – 12:15 pm

Session II:
12:15 pm – 2:30 pm

Aspects to be covered:
- Jaggers Cradle series
- Pucillo Front Headlock series
- Live Situation Drills
- Hand Fighting Skills and Drills
- Leg Attacks
- Counter Shots
- Feet to Back scoring holds
- Leg Riding
- Tilt Series
- During Lunch:
  - Strength Training
  - Conditioning Instruction

What to bring:
- T-shirt, shorts, wrestling shoes, socks
- Water bottle

Camp Cost:
- Limited to first 100 wrestlers
- By mail in-person June 24th, 8-9 am
- $90
- $20 discount for team/club
- $10 discount for additional siblings

Registration:
- Free camp t-shirt if registered by June 10th
- All H/S and 5-6 grade wrestlers

Visit GenoaWrestling.com for forms and info...

World Class Coaches & Athletes come to Northwest Ohio

9th Annual Competitor’s Edge Wrestling Camp Schedule
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Emergency Medical Authorization
Section 3313.712, Ohio Revised Code

Purpose: To enable parents/guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents/guardians can not be reached.

Part I or Part II must be completed

Part I – To Grant Consent
I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: __________________________ Phone: __________________________
Medical Specialist: __________________________ Phone: __________________________
Dentist: __________________________ Phone: __________________________
Local Hospital: __________________________ Phone: __________________________

In the event reasonable attempts to contact me has been unsuccessful, I hereby give consent for (1) the administrator of any treatment deemed necessary, or, in the event the designated referred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of another child to preferred hospital or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, curaing in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Date: ______________ Signature: __________________________

Part II – Refusal To Consent (do not complete Part II if you completed Part I)
I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date: ______________ Signature: __________________________