



## WAUSAU AREA

# Badger Wrestling Club Fall Clinic

**Dates & Clinicians:**

Sunday, October 4	<i>UW Coach Donny Pritzlaff</i>
Sunday, October 11	<i>UW Wrestler Andrew Howe</i>
Sunday, October 18	<i>UW Wrestler Kyle Ruschell</i>
Sunday, October 25	<i>UW Wrestler Trevor Brandvold</i>
Sunday, November 1	<i>UW Coach Barry Davis</i>
Sunday, November 8	<i>UW Coach Jared Frayer</i>

**Times:** 6:00 – 8:00 PM

**Location:** Wausau West High School (*Wrestling Room*)  
1200 West Wausau Ave  
Wausau, WI 54401

**Cost:** \$125 (*Includes All Six Sessions*)

**Ages:** Grades 5-12 (*Limited to first 50 registered wrestlers*)

**Contact Info:**

Dan Hein Wausau West Wrestling Coach 715-261-0868 <a href="mailto:dhein@wausau.k12.wi.us">dhein@wausau.k12.wi.us</a>	Kyle Massey Badger Wrestling Club 763-607-5574 <a href="mailto:kmassey@wisc.edu">kmassey@wisc.edu</a> <a href="mailto:info@badgerwrestlingclub.org">info@badgerwrestlingclub.org</a>
---	--

**This is a unique opportunity for all wrestlers in the surrounding Wausau area. All wrestlers will receive instruction from six different clinicians ~ a combination of UW Wrestlers and UW Coaching Staff. The Badger Wrestling Club Fall Clinic will sharpen your skills heading right into the start of the High School Wrestling season.**

-----**Detach Here**-----

**Please Print.** Make checks payable to: Badger Wrestling Club. Mail with full payment to:

**Badger Wrestling Club  
3922 Paunack Ave.  
Madison, WI 53711**

Wrestler's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

*Parent/Guardian Statement: I hereby authorize the directors of the Badger Wrestling Club to act according to their best judgment in any emergency requiring medical attention. I hereby release and waive the staff from any and all liability for any injury or illness. I have no knowledge of any physical impairment of the wrestler. (Wausau Area)*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_