



**MARCUS WRESTLING CAMP**  
**Future Stars Camp**  
**June 2nd – June 5th**  
**8:30 AM - 10:30 AM**

- Use the following QR code to register



- Use either QR code below to pay in advance



**zelle**



**venmo**

Wrestling is a great sport because anybody can do it. In this sport, you wrestle people that are the same weight as you; size is not an issue as it may be in a sport like football or basketball. Wrestling develops agility, balance, reflexes and strength in every major muscle group and can dramatically improve one's ability to perform in other sports. Most importantly, wrestling gives individuals the opportunity to challenge themselves and discover that they are capable of much more than they think.

We will lead a fun, interactive, and high energy wrestling clinic. All are welcome to attend. No experience is required. Campers will be instructed in the fundamentals of wrestling with emphasis on core movements, techniques, and proper drilling.

This is a great opportunity to discover a new sport and see if it is the right fit for you. Who knows, you may be one of the future stars of Marcus Marauder Wrestling.

- Each session is \$100 per wrestler
- Every participant will receive a T-Shirt
- Each wrestler must bring their own water bottle.

Coach Stoerberl: [stoerberlm@lisd.net](mailto:stoerberlm@lisd.net)

**\*\*\*Waiver below must be signed and turned into Coach Stoerberl in order to participate.\*\*\***

NAME: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_ (Youth Small - Adult 2XL)

ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ WEIGHT \_\_\_\_\_

CURRENT SCHOOL ATTENDING: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_

Authorization to Participate and Waiver of Claim As the parent or legal guardian of the participant named above, I give permission for my child to participate in the Marcus Wrestling Camp. In the event of injury or illness requiring emergency medical treatment I authorize the camp directors to act on my behalf to seek medical treatment and agree to accept financial responsibility for any costs related to that medical treatment or transportation. I further acknowledge that the Lewisville Independent School District, its Board of Trustees, Individual Trustees, Administrators, School Employees, and Camp Workers/ Volunteers shall not be responsible in any way for any personal property or vehicle damage, or for any injury, discomfort, or inconvenience to any participant, spectator, or official as a result of the drills, practices, scrimmages, contests, or other activities held at Lewisville Independent School District facilities as a part of the Marauder Wrestling Camp.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

