



Guest Camp Coach

Joel Hutchens

149 Pound Div. I Wrestler

- 2007 #1 Ranked 135 pounder In VA
- 148 High School Victories
- 2x VA AAA State All-State
- 3x NoVA Classic Champion
- 2x Northern Region Champion
- 3x Concorde District Champ
- 3x Greco VA State Champion
- 2x Freestyle VA State Champion

Camp Curriculum Set by

- Coach Phil Cronin - CHS Head Wrestling Coach
- Coach Doug Hutchens - One of Northern VA's Top Technical Coaches
- Coach David Friedman- CHS Asst. Head Coach



Guest Camp Coach

Tyler Hutchens

133 Pound Div. I Wrestler

- 2008 #2 Ranked 130 pounder In VA
- 162 High School Victories
- 2x VA AAA State All-State
- 4x NoVA Classic Champion
- 3x Northern Region Champion
- 3x Concorde District Champ
- 2x Greco VA State Champion
- Conestoga Valley PA Holiday Classic Champion
- Ohio Tournament of Champions Runner-Up
- 2x MAWA All-American

CHS CHARGER WRESTLING CAMP

Where: Chantilly High School 4201 Stringfellow Road, Chantilly, VA 20151
Wrestling Room (Door #10)

When: July 27-July 30, 2009

Time: 6:00pm-8:30 pm

Cost: \$90.00

All registrants will receive a COMMEMORATIVE CHS Charger Camp T-Shirt FREE!

We will accept all wrestlers ages 5 to Rising Seniors in High School!

This is a great opportunity for experienced wrestlers to get a tune-up before the season starts & for anyone interested who has never wrestled before.



Chantilly
High School

CHS Charger Wrestling Camp



July 27-30, 2009

**Iron
Sharpens
Iron**

CHS Charger Summer Wrestling Camp

July 27-30, 2009

Ages: 5 to rising Seniors

- Sessions: 6:00 pm-8:30 pm
- Cost: \$90.00

Come join us for our 4th Annual CHS Summer Wrestling Camp. Your youth wrestler will enjoy the following and more:

- Great wrestling technique training taught by 2 Division I College Wrestlers & High School Coaches
- Competitive drills
- Situational wrestling
- Live Wrestling within their weight class/age division
- Games
- Inspirational wrestling videos from some of the past NCAA Div. I tournaments
- Refreshments
- A CHS Wrestling Camp T-Shirt
- You must have wrestling shoes, t-shirt & shorts

Registrations can be mailed no later than July 10, 2009.

Walk-ins are always welcome.

Send your registration to:

Rick Arnold
4882 Autumn Glory Way
Chantilly, VA 20151
703-851-7357

*Please make checks payable to:
CHS Boosters*

If you are new to CHS Wrestling, you must provide a Birth Certificate with your paid registration!

CHS CHARGER SUMMER WRESTLING CAMP

REGISTRATION FORM

| | | | | | | | | | | |
|----------------------------------|------------|-----------------------------|-----------------------------|-----------------------------|--------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|
| Child's Last Name | First Name | Nickname | | | | | | | | |
| Grade in Fall '09 | Age: | Yrs. Of Exp. | High School to Attend | email address | | | | | | |
| T-Shirt Size (Please Check One): | | | | | | | | | | |
| Child Sizes: | | <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YL | Adult Sizes: | <input type="checkbox"/> S | <input type="checkbox"/> M | <input type="checkbox"/> L | <input type="checkbox"/> XL | <input type="checkbox"/> XXL |
| Parent's Name | | Address | | | | | | | | |
| City | | State | Zip Code | email address 2 | | | | | | |
| Home Phone: | | Business Phone | Cell Phone | email address 3 | | | | | | |
| Family Physician | | Physician Phone | | | | | | | | |

MEDICAL CONSENT

I hereby state that my child is in good health and has my permission to participate in CHS's 2009 Summer Wrestling Camp. In addition, I authorize CHS Camp Staff to act on behalf of my child in the event of an injury or illness. Registration requires a parent/legal guardian to sign below agreeing that in case of an accident involving their child while attending CHS's Wrestling Camp, they release the Camp, Sponsor, Counselors & Commissioner from any and all liability.

| | | |
|--|------------------------------------|------|
| Name of Parent/Legal Guardian (Please Print) | Signature of Parent/Legal Guardian | Date |
|--|------------------------------------|------|

EMERGENCY CONTACT INFORMATION

| | |
|--|---------------------------|
| Child's Name (Please Print) | Emergency Contact Phone # |
| Emergency Contact Name | Relationship to Camper |
| List Special Medical Conditions or Allergies | |

HEALTH INSURANCE INFORMATION

| | |
|------------------------|---------------|
| Insurance Company Name | Policy Number |
| Group Number | ID Number |