

# CENTRAL MICHIGAN WRESTLING

## 2016 Summer Camps

Do you have what it takes to become Borrelli Built?

### Individual Technique Camp

Sunday-Wednesday, June 19-22

Boarding-\$395; Commuting-\$295

Technical instruction in all 3 positions (top, bottom, neutral); Multiple athlete choice sessions; 10 two-hour sessions of individual instruction

### High Intensity Camp

Sunday-Friday, June 19-24

Boarding-\$470; Commuting-\$395

This camp is instructed to allow attendees to feel what it is like to be a part of the nationally ranked Chippewa wrestling program! Arrive at this camp with the expectation of being pushed to your breaking point.

#### Those attending the camp can expect:

Early morning conditioning (stadium workouts, track workouts, distance runs); Three intense sessions every day that feature technique, hard drilling, and live wrestling; Intense competition in every structured activity; Daily technique and analysis; Structured drilling & combative wrestling; Strength training and conditioning; Training with current CMU wrestlers; 20 total sessions.

### Team Camp

Sunday-Wednesday, July 10-13

Boarding-\$350; Commuting-\$265

#### Team camp includes:

- 10 dual meets (possibility of multiple matches in each dual)
- One hour of instruction before each dual
- More than 10 hours of technique instruction
- Emphasis on the team experience and making technical adjustments between matches
- Match critiques by camp staff
- Two coaches attend free with each team
- Individuals can register for team camp as "Renegades" and be placed on a team at check-in
- A \$100 deposit is required when registering a team

### Wrestling Staff

#### Tom Borrelli

Head Coach

- 25 seasons as head coach at CMU
- His tenure includes 13 MAC regular season titles, 14 MAC tournament Championships, 39 All-Americans
- Named MAC Coach of the year 12 times.
- Seven Top 15 NCAA Tournament finishes in the past 10 years.
- 2004 National Wrestling Coaches Association Bob Bubb Coaching Excellence Award winner
- National Coach of the Year in 1998.

#### Ben Bennett

Assistant Coach

- Third season as an assistant coach
- First 4-time All-American in CMU Athletics history & also captured four MAC titles.
- 2012 MAC Wrestler of the year & 2010 MAC Freshman of the year.
- Finished his career with the fourth best career winning percentage (.834) in school history & the sixth-most career wins (121)

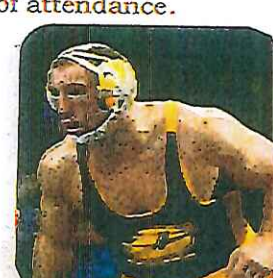
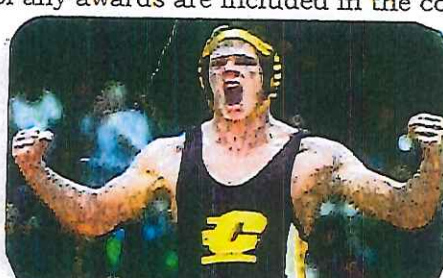
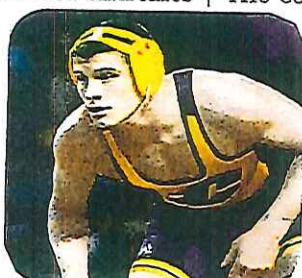
#### Ryan Cubberly

Assistant Coach

- First season as an assistant coach
- 3-time varsity letterman from 2009-2011.
- Served as the head assistant coach at Ashland (Ohio) University from 2012-2015
- Helped coach 22 national qualifiers, nine All-Americans, 16 Academic All-Americans & one national runner-up.

To Register Online Visit [camps.jumpforward.com/cmuwrestlingcamps](http://camps.jumpforward.com/cmuwrestlingcamps)

Open to any and all entrants | The cost of any awards are included in the cost of attendance.



**CMU Wrestling Camps**

I, \_\_\_\_\_ (Parents name) who is the legal guardian of

\_\_\_\_\_ (athletes name) who is staying at Central Michigan Wrestling Team Camp, during July 10-13, 2016, give permission for him to be taken off campus by, \_\_\_\_\_ (coaches name) on

Date: \_\_\_\_\_ - \_\_\_\_\_ for the following reasons.

\_\_\_\_\_  
(List the reason)

I, \_\_\_\_\_ (coach) will be responsible for this individual at all times off campus. I must communicate with Tom Borrelli before departure and must check in with Tom Borrelli upon return with the athlete.

Tom Borrelli: \_\_\_\_\_ Date: \_\_\_\_\_

Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

# Expectations

## Camp Participant Rules and Regulation

All participants in Camps and at Central Michigan University who reside in residence halls are required to comply with the following rules and regulations. The purpose of these rules is to insure the safety and comfort of all participants, as well as, insure the proper care of all facilities

### Safety

\*Fire Alarms - When you hear an alarm, please exit the building immediately. Please do not tamper with any fire safety equipment.

\*Windows - Do not remove screens or go in and out of the building through the windows. Additional charges will apply for each screen removed or damaged.

### Comfort

\*Noise - Please keep noise to a minimum, especially after 10:00 p.m. (this includes inside and outside the building). At times there are several groups in the building - each with different waking and sleeping schedules. Please be considerate of others at all times.

\*Repairs - If you find any need for repairs please report them to the Conference Assistant working the front desk in your Residence Hall. We want to make sure that the room is comfortable for you during your stay.

### Security

\*Keys - If you lose your room key, please report it to the conference staff as soon as possible. There will be a \$50.00 to \$100.00 charge for each room key that is lost or not turned in. The university must change the lock immediately on rooms with missing keys. You may be billed for the lost key charge even if you mail the key back.

Always lock your door - Even when sleeping. It is important to protect your belongings. CMU is not responsible for items that are lost or stolen.

Entrance doors are always locked - Please remember to take your key with you whenever you leave your room or the building. For security purposes all residence hall entrances except the main entrance are locked from 11:00 pm to 7:00 am (times may change depending on camp). You will need to check-in at the front desk to re-enter the hall during this time.

## Cleanliness

\*Help keep our campus clean - Please make sure that you place your trash in trash cans - whether in your room, in the lobby or in a campus dumpster. Recycling bins are also available.

\*Lobby Use - If you rearrange lobby furniture while you use it, please put it back in its original set-up when you are done so that others can enjoy it!

## Departure

\*Trash - Please place all loose paper, wrappers, etc. in the trash can. This will help our staff get the room ready for the next occupants. **A cleaning fee is assessed for excess trash left in rooms.**

\*Keys - Make sure that you check out and turn your key into the front desk or camp staff so that you are not charged for a missing key!

\*Damages - Please note that all camp participants are responsible for any charges related to damages to the room fixtures

# What CMU Provides

Each Suite contains the following per person:

Furniture:

(1) Bed

(1) Dresser/Clothing Storage Space

(1) Desk and Chair

## Internet Access

There will be internet access available to you once you are onsite. We have wireless available or if you choose to bring an Ethernet cord you can plug into the wall in your suite. Instructional sheets regarding log on instructions will be located at the registration or front desk.

# What We need you to send Back

1. Registration and Consent to Treat
2. Release, Indemnification and Hold Harmless Agreement
3. Campers Information
4. Consent to Treat and Informed Consent Release
5. Concussion Form
6. Alphabetic Roster of all camper
7. Rooming List

## Additional Resources:

P.O.D Market Located in Kessler Hall within the Towers

You can purchase: Snacks/Bottled Beverages, Health and beauty items, Grab and Go foods.

## What you should bring:

Linens - sheets, blankets, and pillow towels and washcloths

Rooms are not air conditioned — fan if needed

Hygiene is very important — anti bacterial soap

Plenty of work out clothing

Wrestling and running shoes

## Payments

**If paying by credit card, please make sure you do this on line.**

Please make sure that when you registered you paid for housing if staying on campus.

Here is what you should have paid:

Individual Technique Camp	Boarding \$395.00	Commuting \$295.00
High Intensity Camp	Boarding \$470.00	Commuting \$395.00
Team Camp	Boarding \$350.00	Commuting \$265.00
	First 2 Coaches Free	
Additional Coaches	Boarding \$150.00	Commuting \$65.00

Coaches: You will collect all car keys from any athlete driving. Parking will be in Lot 62

**Central Michigan University  
2016 Wrestling Team Camp  
Registration & Consent to Treat**

Mail Completed form to: CMU Sports Camps  
1224 Abbey Lane  
Mt Pleasant MI 48858

School Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Grade in Fall of 2016: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parents Name: \_\_\_\_\_

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY)

List any medication currently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

**In case of emergency please contact:**

Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime phone

Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Nighttime phone

Medical Insurance Company \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone

Insurance Policy Number(s) \_\_\_\_\_

I hereby give my permission for CMU sports medicine staff athletic trainers, McClaren - Central Michigan Health Services, and McClaren - Central Michigan Hospital to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to \_\_\_\_\_ (name of camper) by McClaren - Central Michigan Hospital and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Photographic Release Form**

I, the parent or legal guardian of a child participating in Sport Camps/s sponsored by Central Michigan University ("CMU"), hereby authorize CMU and those acting pursuant to its authority to: (a) Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that CMU, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of CMU.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in sports camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence CMU Wrestling Camps and its owners, directors, officer's employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in sports camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants, death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such Injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of— all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone( ) \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)

In consideration \_\_\_\_\_ of (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Print Name

Date

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Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Camp: \_\_\_\_\_

**Consent to Treat and Informed Consent Release**

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY) \_\_\_\_\_

List any medication currently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Nighttime phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Policy Number(s)

I hereby give my permission for CMU sports medicine staff athletic trainers, Central Michigan University Health Services, and Central Michigan Community Hospital to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to \_\_\_\_\_ (name of camper) by Central Michigan Community Hospital and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless the Central Michigan Wrestling Camp, CMU, its Board of Trustees, students and employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the university's employees.

\_\_\_\_\_  
Signature (Parent or Guardian) \_\_\_\_\_ Date

**Photographic Release Form**

I, the parent or legal guardian of a child participating in Sport Camps/s sponsored by Central Michigan Wrestling Camp hereby authorize CMU and The Central Michigan Wrestling Camp those acting pursuant to its authority to: (a) Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, Internet/WWW or any other form now or hereafter developed) these recordings for any purpose that The Central Michigan Wrestling Camp and CMU, and those acting pursuant to its authority, deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of The Central Michigan Wrestling Camps and CMU.

\_\_\_\_\_  
Signature (Parent or Guardian) \_\_\_\_\_ Date

Please mail: Central Michigan Wrestling Camps  
1224 Abbey Lane  
Mt Pleasant MI 48858

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out-of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

\_\_\_\_\_  
STUDENT-ATHLETE NAME PRINTED

\_\_\_\_\_  
STUDENT-ATHLETE NAME SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN NAME PRINTED

\_\_\_\_\_  
PARENT OR GUARDIAN NAME SIGNED

\_\_\_\_\_  
DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Central Michigan University

## Team Wrestling Camp 2016 July 10<sup>th</sup> - 13<sup>th</sup>

### Sunday July 10<sup>th</sup>

Registration at Woldt / Emmons Dorm Complex	9:00-12:00 p.m.
First Session (Indoor Track Bay)	1:00-3:00 p.m.
Dual Meet	1:30-3:00 p.m.
Dinner	4:30-6:30 p.m.
Technique Session	7:00-8:00 p.m.
Dual Meet	8:00-9:00 p.m.

### Monday, July 11<sup>th</sup> – Tuesday, July 12<sup>th</sup>

<b><u>Morning:</u></b>	Breakfast	7:00-8:30 a.m.
	Technique Session	9:00-10:00 a.m.
	Dual Meet	10:00-11:00 a.m.
	Lunch	11:00-1:00 p.m.
<b><u>Afternoon:</u></b>	Technique Session	1:00-2:00 p.m.
	Dual Meet	2:00-3:00 p.m.
	Dinner	4:30-6:30 p.m.
<b><u>Evening:</u></b>	Technique Session	7:00-8:00 p.m.
	Dual Meet	8:00-9:00 p.m.

### Wednesday, July 13<sup>th</sup>

<b><u>Morning:</u></b>	Breakfast	7:00-8:30 a.m.
	Technique Session	9:00-10:00 a.m.
	Dual Meet	10:00-11:30 a.m.
	Lunch	11:00-12:30 p.m.
<b><u>Afternoon:</u></b>	Final Dual	1:00-2:30 p.m.