

GIVE YOUR WRESTLERS THE EDGE



SUDDEN
VICTORY &
LAKESHORE



1-DAY WRESTLING CLINIC

- When:** Monday, July 9, 2007 – 1:30 pm to 5:30 pm, check-in at 1:00 pm
Who: Wrestlers Grades 5 – 12, with some wrestling experience
Where: Lakeshore High School Gymnasium – 5771 Cleveland Ave, Stevensville, MI
Cost: \$20 Registration Fee per Participant, due at time of check-in

Sudden Victory – Where Preparation Meets Opportunity

This clinic will cover various techniques in all three areas – top, bottom, and neutral. The focus of Sudden Victory is to instill superior wrestling fundamentals through the use of time-tested instructional techniques and repetition, preparing wrestlers for the challenges of competition at all levels. At the same time we encourage positive values such as goal setting and self-discipline, while maintaining a high degree of enjoyment and fulfillment for the wrestlers.

Featuring – Sudden Victory Wrestling Academy Directors



Jason Cluff, a native of Stevensville-Lakeshore, MI, has 28 years of wrestling experience both as an athlete and coach. He was a four-year starter and team captain of the University of Michigan Wrestling team. While at Michigan, Jason was All-Big Ten twice, a two-time NCAA qualifier, and an NCAA quarter finalist finishing top 12 in the country. During his prep career Jason compiled a record of 193-7 and was a three-time high school state champion, three-time freestyle state champion, greco-roman state champion, and Central Regional Junior National Champion. In his senior year, he was voted to both the USA Wrestling All-American and Asics All-American teams. In 2002, Jason was inducted into the Lakeshore Athletic Hall of Fame, as part of the inaugural class.



Matt Cluff, a native of Stevensville-Lakeshore, MI, has 30 years of wrestling experience both as an athlete and coach. During his prep career Matt compiled a record of 168-13 and was a three-time high school state champion, greco roman state champion, and Central Regional Junior National place winner. In his senior year, Matt was voted to the USA Wrestling All-American team. After high school, he was a member of the JUCO National Championship team at North Idaho. In 2002, Matt was inducted into the Lakeshore Athletic Hall of Fame, as part of the inaugural class.

For more information about Sudden Victory, go to www.suddenvictorywrestling.com

Please Complete the Following Registration Form

Clinic Registration and Student Emergency Form

Participant Name: _____ Birth Date (mm/dd/yr): ____/____/____
Name of School: _____ Grade: _____
Home Address: _____
City: _____ Zip Code: _____
Parent's Name: _____
Home#: _____ Work#: _____ Cell#: _____
In Case of Emergency, Alternate Contact Information
Emergency Contact: _____
Home#: _____ Work#: _____ Cell#: _____
In Case I am sick/injured and my contacts cannot be reached
Name of Dr. and/or Hospital _____
Insurance Company: _____
Any allergies or special medications: _____

Please read the following information carefully before signing.

In consideration for allowing Participant to participate, I/we, as parents and/or guardians of Participant, agree to the following: Releaser understands and acknowledges that the sport of wrestling ("Activity") in general has inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. Authorize Participant to participate in the Activity for the Activity time period stated above. Release, indemnify and hold harmless the Activity Sponsors from any and all damages, except for damages caused by the sole gross negligence or intentional misconduct of Activity Sponsors, arising out of the participation of Participant in the Activity. Prior to the commencement of the Activity, I/we were made aware of the nature of the Activity, had sufficient opportunity to inquire further, and understand the Activity has inherent risks and I/we and Participant assume, on behalf of Participant, all those inherent risks. While participating in the Activity, Participant is subject to the policies, rules and regulations of the Sponsors. Possession of fireworks, explosives, any weapon, illegal drugs or alcohol is prohibited and cause for immediate expulsion from the Activity. Further, any Participant repeatedly disobeying Activity Sponsors policies, rules or regulations may be expelled from the Activity. Authorize Activity Sponsors, its employees, clinicians, trainers, nurses and agents (collectively, "Activity Sponsors") the authority to seek, obtain, and approve any medical care and treatment including, but not limited to x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which may be recommended and provided under the general supervision of any physician or surgeon, for Participant which, in their judgment, is necessary for the health and well-being of Participant during his/her participation in the Activity. I/We further agree that I/we are(am) solely responsible for any costs incurred and agree to hold the Activity Sponsors their employees and agents harmless for any liability arising out of any good faith action taken in obtaining medical treatment for Participant. The above agreements are binding upon us, our estates, heirs, representatives and assigns.

Parent/Guardian Signature: _____ Date: _____

Amount Paid: _____ Check #: _____ Cash: _____

Cost: \$20 Registration Fee per Participant
Make Checks Payable to: Jason Cluff

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