

The Top "Work" Clinic

Featuring Frank Cammisa

Sponsored by the Trumbull "Top 10" Wrestling Camp

WHEN: March 24th, 2012. From 9:00am to 2:00pm

WHERE: Trumbull High School Auxiliary Gymnasium, 72 Strobel Road, Trumbull, CT 06611

WHAT: A Top Work Clinic including:

- Breakdowns – Spiral, Double Spiral, Arm Chop, and Leg Pinch
- Turns from Top – Half Nelson w/4 finishes
- Tilts – 5 different tilts
- Power Half – one and two leg
- Cradle Series

WHO: Frank Cammisa – Assistant Coach at Bridgewater State University, 4 x DIII NCAA Qualifier, 3 x NEWA Conference Champion, 2 x State Open Champion, 2 x LL Champion, 3 x FCIAC Champion, High School All-American

COST: \$30 – Cash or Check Made out to Trumbull Continuing Education – Pay at the door

LIMIT: Preferably No more than 40 wrestlers will be allowed to attend. Please email or call in advance. Frank Cammisa will be the head clinician with at least 4 additional assistants to aid in the learning process.

AGES: 12 – 18, This is going to be a high paced day.

WHAT TO BRING: Wrestling Clothes, Wrestling Shoes, Change of t-shirt, Snack, and Bag Lunch.

Coaches spend hours on their feet in order to take the initiative in a match. The Top position though is so important because it is where the control is set in the match. How much better could you be if your Top Skills were as dangerous as you were on the feet. The best wrestlers are dominating from the Top Position. Become that wrestler. This clinic is a start for you to become that wrestler.

HOLD HARMLESS – WAIVER AND RELEASE FROM LIABILITY

1. The undersigned, on behalf of their selves , dependants , insurers, and successors understands the inherent risks associated with Wrestling and other athletics and activities. I hereby forever release. Discharge, and covenant not to sue Trumbull Continuing Education, it's employees, or clinicians for any personal injury, permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property or death arising from participation in or at the Trumbull Eagle "Top Work" Wrestling Clinic.
2. I understand that Trumbull Continuing Education does not provide medical insurance, and that I am required and obligated to pay for any and all medical expenses.
3. I will not hold Trumbull Continuing Education responsible for items lost or stolen during the "Top Work" Clinic.

Name of Camper (Print)_____

Name of Guardian(Print)_____

Signature of Guardian_____

REGISTRATION

Student Name_____

Address_____

Name of Parent/Guardian:_____

Home Phone_____

Work Phone:_____

Emergency Phone_____

Cell Phone_____

Grade Completed _____

Medical/Food Allergies _____

I give Permission for _____ to participate in the Trumbull "Top Work" Clinic

Parent/Guardian Signature - _____

Make Checks Payable to:

Trumbull Continuing Education - \$30

Bring Registration and Check to Clinic on 3/24, Trumbull High School Auxillary Gymnasium, 72 Strobel Rd., Trumbull, CT 06611

Forms will be available at the door

Clinic Coordinator – Please let me know if you are planning on attending

Charlie Anderson – Head Coach Trumbull Wrestling

Email – anderson113@hotmail.com

Phone – 203-268-5599 (Home)

203-395-3283(cell)

Trumbull Continuing Education