



Head Clinician:
Jake Shulaw
Head Coach at:
 Huron High School (New
 Boston, MI.) 7yrs,
 13yrs. Overall

51 State Qualifiers
 25 State Placers
 2-2X State Champions
 2 State Champions
 4 State Runner-ups

Wrestling Accomplishments:

High School: Flat Rock
 3X State Finalist
 2X State Champion
College: Eastern Michigan
 1996 Mid-American Conference Champion,
 NCAA DI Qualifier

Clinic Staff:

Steve Shulaw,
 17 years of coaching experience
 All-State, 1984
Dave Bearden,
 7 years of coaching experience
 2 year varsity letter winner @ Eastern
 Michigan University
Jeremy Szekely,
 2X State Placer (5,2)
 NJCAA All-American

Volunteer Clinician:

Andrew Novak
 Current EMU Wrestler
 2X State Champion (4,1,2,1)
 2008 Mid-American Conference, Runner-Up

Schedule

Camp #1

Registration & Check-In: 4:00pm
 Friday, Session 1: 5:00 – 8:00pm
 -Take Downs

- Positioning
- Set-ups & take downs

 Saturday, Session 2: 9:00am – 12:00am
 -Escapes & Reversals

- Granby's
- Shrug

 Lunch- 12:00am – 1:00pm

- will be provided

 Session 3: 1:00 – 4:00pm
 - Pins & Tilts

- 2 on 1 tilts
- Turks

Camp #2

Advanced technique from all 3 positions
 All sessions and times will be the same

Pre-registration = \$50.00

- Includes free T-shirt

Day of registration = \$75.00

No Checks, Cash or Money Orders Only!
All payments are non-refundable

To Pre-register please,
 Mail Money Orders To:
 27227 Brown St.
 Flat Rock, MI. 48134
 ATTN: Shulaw Wrestling Clinic
Make Money Orders payable to:
Patricia Shulaw

**Complete this form and mail or bring at
 time of registration.**

Name: _____
Address: _____
City/State: _____
Zip code: _____
Phone: () _____
School: _____
Age: _____ **Weight:** _____ **Shirt Size:** _____
Email: _____
Will be Attending, Camp 1 ___ **Camp 2** ___

PARENTS: PLEASE READ AND SIGN

1. My child has permission to attend the Shulaw Wrestling Clinic At: Huron High School.
2. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the Shulaw Wrestling Clinic at: Huron High School.
3. I acknowledge that, at the clinic, my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where he may risk injury.
4. I specifically, fully and forever, waive and release Shulaw Wrestling, its staff and Huron High School from liability and claims for damages my child may sustain at camp and in travel to and from said camp.
5. In the event of an emergency in which my child requires medical care, I authorize the staff of the Shulaw Wrestling Clinic to obtain, for him, necessary medical treatment.

**PARENT'S/GAURDIAN'S
 SIGNATURE** _____
Emergency Phone _____

For More Info. Call:
 734-323-9133 or Email:
shulawwrestling@yahoo.com

MINI-CAMP CHECK LIST

- Plenty of Wrestling gear
- Wrestling Shoes
- Head gear (not mandatory)
- Water Bottle
- Shower supplies
- Plenty of towels



“I will not relent, I am driven”
- Neil Fallon

Shulaw Wrestling Clinics
27227 Brown St.
Flat Rock, MI. 48134

2010 MINI-CAMP



**2 Days 3 Session
Mini-Camp**

**Camp 1; June 18-19
Camp 2; July 23-24**

**AT
HURON HIGH SCHOOL
32044 Huron River Dr.
New Boston, MI. 48164**

<http://shulawwrestling.webs.com/>