

# *Oklahoma Adventure Wrestling Camp*

## *2011*

*Sunday July 24 – Saturday July 30*

This is the crazy camp that has been a favorite for Houston wrestlers over the last decade. Each year the camp improves and this year that trend will continue. I co-founded the Oklahoma Adventure Wrestling Camp (OAWC) to give young wrestlers the unique opportunity to experience wrestling from my perspective. Jodie Wilson and I have been best friends since early childhood and wrestling has always been a huge part of our lives. We spent many years teaching OSU's intensive wrestling camps, but we always thought we could produce something much better. For a variety of reasons, we realized that most campers were not becoming great wrestlers, so we decided to change that for a few wrestlers that could attend our more focused small wrestling camp. We believe wrestling is the greatest sport! We grew up in a small rural community that has produced many world class wrestlers and we were inspired to wrestle. We believe that a wrestler must enjoy wrestling if the wrestler is to succeed. Our camp will focus on the essential elements for becoming a great wrestler in a fun environment while encouraging a tough mental attitude. The camp will be tough, but it will be fun. There will be technique sessions as well as hard wrestling sessions everyday. In between sessions there will be a variety of fun activities where we take advantage of the great outdoors.

**Departure:** Sunday, July 24<sup>th</sup> at 6:00am from Paradigm Training Center

**Return:** Saturday, July 30<sup>th</sup> 6:00pm

### Cost

For Paradigm Training Center members, the total cost will only be \$750, **this does include transportation to and from camp**. The camp includes lodging, meals, camp shirt, water park admission, and additional insurance. For non-members of Paradigm Training Center, the cost will be \$900.

**Please submit payment with registration.**

### Location

7 miles east of Ponca City, Oklahoma near Kaw Lake. The camp is situated on a wooded 160 acres on the Arkansas River.

## *OAWC 2011 Camp Directors*

**George Parker, MD**  
Wrestling Director for Paradigm Training Center  
Assistant Wrestling Coach for Episcopal HS  
Oklahoma State University 1989 – 1994  
HWT for the OSU 1994 NCAA National Champs  
Most Dedicated Award for OSU Wrestling 1994  
4 year varsity letterman for OSU  
Athletes in Action Russia Tour Team 1993  
National Assistant Coach of the Year  
Oklahoma State Champion 1988

**Jodie Wilson**  
Wrestling Coach for Cowboy Wrestling Club  
Oklahoma State University 1988-1993  
Iowa State University 1993  
1993 NCAA All-American Wrestling  
Coach for Stillwater, OK High School  
3 year varsity letterman for OSU  
Varsity Letterman for Iowa State \  
Athletes in Action Russia Tour Team 1993  
Oklahoma State Champion 1988

Contact information: George Parker @ 832-724-1091 [george.w.parker@gmail.com](mailto:george.w.parker@gmail.com)  
Jodie Wilson @ (405) 377-0815 [jawilson3@sbcglobal.net](mailto:jawilson3@sbcglobal.net)

# OAWC 2011 Registration

**Wrestler's Name:** \_\_\_\_\_

**Parent /Guardian:** \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School Affiliation: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## **Release and Medical Authorization**

*The release and the treatment authorization must be signed by a parent or guardian*

Date of last physical exam \_\_\_\_\_

Allergies/Drug sensitivities \_\_\_\_\_

Medical problems \_\_\_\_\_

### **Please attach any additional information**

#### Treatment Authorization:

If my child needs medical attention, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedure that the physician believes are needed with the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: \_\_\_\_\_

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

#### Insurance Information (please print)

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

Insurance Co.: \_\_\_\_\_

Policy No. \_\_\_\_\_

## Payment

*Please include check with registration (make check payable to Oklahoma Adventure Wrestling or George Parker)*

Mail this form to: George Parker  
112 Bellaire Court  
Bellaire, TX 77401

or submit in person at: Paradigm Training Center  
5756 S. Rice  
Houston, TX

Parent/Guardian Signature: \_\_\_\_\_

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