

ASICS Southern California Wrestling Academy

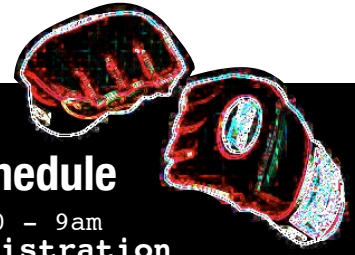
Presents:

MMA CAMP

1ST ANNUAL

Saturday
OCT 24
2009

FUNDRAISER TO BENEFIT SANTA ANA HIGH SCHOOL WRESTLING



Schedule

7:30 - 9am

Registration

9am - 12pm

Session 1

1pm - 4pm

Session 2

Weigh-Ins

Pankration
Tournament

(Sun, Oct. 25th)
Before and
After Camp

Location

Santa Ana High School
520 W Walnut St
Santa Ana, CA 92701

Questions?
Scott Glabb
714.609.6607

SAWRESTLING.COM

visit us for SAHS wrestling
team info and to download
more registration forms

Registration Fee

\$30 for Pankration Tournament
Participants (must show proof)
www.fightleague.org
for more info

\$50 Clinic Only

\$45 Pre-Register (by Oct. 1)

Checks: ASICS So Calif
Wrestling Academy

Mail: ASCWA 1737 Pitcairn Dr.
Costa Mesa CA 92626

Confirmation: Please include
your email

Registration Form

All information must be completed in full and signed
by participant and parent/legal guardian (if under 18) ▲

Come Back Sunday

2009 USA National
Pankration Championships
www.fightleague.org



Camp Clinicians



Marcio Feitosa

3x World Jiu-Jitsu
Champion

8x World Champion
Finals

Black Belt



Bao Quach

Affliction, Apex,
Icon, King of
Cage, Strikeforce
Fighter

Icon 140 lbs.
World Champ



James Wilks

The Ultimate
Fighter (season 9)
Champion

UFC Fighter

Name _____ Age _____ Weight _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Hold Harmless Agreement: I agree to hold harmless ASICS Southern California Wrestling Academy, and the Santa Ana Unified School District as well as director Scott Glabb and all of their respective employees, officers and agents in the event of injury occurring to the participant registered hereon who will participate in a program of skill and instruction in MMA during the period of October 24th at Santa Ana High School. I recognize that participation in this activity has a certain amount of risk and that injury is always possible. I certify that to the best of my knowledge, the participant registered hereon, is physically able to participate in this activity. I assume full financial responsibility for medical and other expenses arising out of any injury that may be directly or indirectly associated with these activities. I hereby authorize any of the above listed representative to act for me according to his best judgement in any situation deemed to require emergency medical treatment. ASICS Southern California Wrestling Academy has liability insurance through the Bob Leid Agency.

Participant Name _____ Signature _____
Parent/Legal Guardian Name _____ Signature _____