



## Tyrone Lewis



Lewis' NCAA Team Championships  
2003 - Wrestler at 165 pounds  
2004 - Wrestler at 165 pounds

Lewis' Big 12 Team Championships  
2001 - Wrestler at 174 pounds  
2003 - Wrestler at 165 pounds

2004 - Wrestler at 165 pounds

Lewis' Big 12 Individual Championships  
2001 - 174 pounds  
2004 - 165 pounds

Lewis' International Wrestling Experience

2008 U.S. Nationals runner-up.  
Ranked No. 2 in the U.S. at 74 kg/163 pounds in 2006-07.  
2006 U.S. World Team Trials runner-up and third-place finisher at U.S. National Championships.  
2005 University World Team Trials champion.

## FEATURED CLINICIANS



**Jamill Kelly**  
2004 Olympic Silver Medalist  
US National Champion  
3x US National Team Member



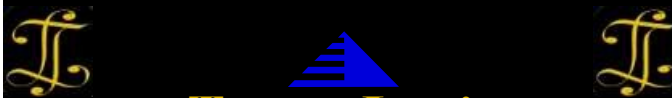
**Chris Pendleton**  
2X NCAA Champion  
2X Big 12 Champion  
3X All-American



**Zach Esposito**  
NCAA Champion  
2X NCAA Finalist  
3X Big 12 Champion



**Jerrod Sanders**  
2008 Olympic Trials qualifier  
Big 12 Champion  
NCAA All-American



# Tyrone Lewis Commuter Wrestling Camp

Camp Date: 7-26-10 to 7-29-10

## Camp Mission and Goals

*The Tyrone Lewis Wrestling Camp is designed for campers of various ages and skill levels. In order to be a champion you must train in a Championship environment. You will receive the attention and concentration from each staff member to help you reach your goals. We will help you develop and enhance your skills in each area of wrestling which will increase your overall confidence and help you to become a better wrestler.*



### Tentative Camp Schedule

*Session 1: 6:30am—7:30am*  
*Breakfast: 7:30am—8:30am*  
*Session 2: 10:00am—11:30am*  
*Lunch: 12:00pm—1:00pm*  
*Session 3: 2:30pm—4:30pm*  
*Dinner: 5:00pm—6:00pm*  
*Session 4: 7:00pm—8:30pm*

**There will be a introduction session  
Sunday, July 25th at 7pm.**

## Medical & Application Form

Name of Participant (camper) Last Name First Name Grade

Parent or Guardian Home Phone Business Phone

Address City State Zip

Name and phone number of individual(s) to contact in case of emergency

**Waiver:** My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Tyrone Lewis Wrestling Camp staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp.

Parent or Guardian Signature

Date

4 day technique/  
intensive camp

Enclosed is my check  
for \$100 deposit

Pay in full

The remaining camp  
balance will be due at  
camp check in.

**\*remember: only  
cash or money or-  
der will be accepted  
at check-in.**

## Camp Cost:

- \$250 per camper (commuter)
- Head coach will be free for teams of 10 or more campers, and \$25 discount per camper.
- Group Discounts of \$25 per camper of 5 or more.
- Cost for Coaches & Parents in camp: \$50

**Note: In order to receive discounts, all registrations forms must be sent in together in one envelope**

**Note: The camp will be limited to only the first 250 campers. Therefore, we strongly recommend that you register early to assure your spot in camp.**

## Camp Registration Will Be Held At:

Evangel Christian Academy  
7425 Broadacres Road  
Shreveport, La 71129  
405-921-5263 phone  
318-688-7322 fax  
Sunday, July 25<sup>th</sup>, 4:00pm-7:00pm

**Note: Cash or money orders only will be accepted at registration. NO EXCEPTIONS!!!**

## Early Registration Discount:

- Pay in full by 4-30-2010 and receive \$50 off total camp cost.

## Camp Rules & Regulations

- All campers are required to attend all organized/assigned sessions and activities (**no exceptions**).
- All campers must comply with all rules and regulations throughout the duration of the camp.
- Those who do not comply with the rules and regulations of the camp will be dismissed from camp without any refund.
- Although each camp session will be supervised, accidents may occur. We will use every precaution to protect and prevent each athlete from bodily harm.
- We do not, however, assume any responsibility for medical, dental, or other expenses incurred as a result of accidents.
- **A parent or guardian must fill out and sign the application and medical release form before a boy/girl will be accepted into the camp.**

**This camp (or clinic) is open to any and all entrants (limited only by number, age, grade level and/or gender.**

# CAMP COUNSELORS

**Chris Perry**  
4x State Champion  
Junior National Champ  
Asic All-American



**Jack Peck**  
2x State Champion  
All-State



**Elliot Hellwedge**  
2x State Champion  
3x State Finalist  
All-State



Jimmie Lewis  
Kevin Frazier  
Johnnie Perkins

*We will have as many staff members as possible for camp. Because of training and class schedules, we can't guarantee that everyone listed will be at camp.*

## Campers Responsibilities

- **Because this is a commuter camp, all campers will be responsible for their own transportation, room, and board throughout the duration of the camp.**

## Health Insurance:

All participants in the camp will be covered by a secondary accident insurance provided by the camp's tuition. The non-duplicating policy covers medical expenses within the range of its limits, except for those costs covered by any other valid collectible insurance policies. No one will be admitted to the camp without a signed release and a given insurance policy number. Both must be provided on the application.

***Permission for medical treatment, release of medical information and payment of medical expense***

***I REQUEST AND GIVE PERMISSION to the physicians and medical staffs of the treatment centers to treat the above named participant appropriately, including hospitalization, prescribing medication, and performing emergency medical procedures.***

***I AUTHORIZE RELEASE of any medical information to the treatment centers which may be pertinent to any diagnosis or treatment of the name participant.***

***I UNDERSTAND that any charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier which is:***

Medical Insurance Co.

Policy #

Address

City

State

Zip

Please mail all registration/medical release forms and deposits to:

Tyrone Lewis  
Address:  
2500 Brookside,  
Edmond, OK,  
73034

Make all checks and money orders payable to  
Tyrone Lewis Wrestling Camps.