

# ***2017 BLUE DEVIL WRESTLING CAMP***



June 26<sup>th</sup> - 29<sup>th</sup>

Evening Camp 5:30pm-8:30pm



***Columbia High School  
962 Luther Road  
East Greenbush, NY 12061  
518-207-2082***

*COLUMBIA HIGH SCHOOL WRESTLING .....*

*“ A Consistent Program of Excellence on and Off the Mat”*

**Grades:** 5<sup>th</sup> - 11<sup>th</sup> (2017-2018 School Year entering Grades)

**Location:** Columbia High School (Wrestling Room # A103A)  
962 Luther Road, East Greenbush NY 12061

**Dates:** June 26 – 29 (Mon.-Thurs.)

**Time:** 5:30pm - 8:30pm

**What to bring:** Water Bottle, T-Shirt, Shorts & Wrestling Shoes or Sneakers

**Camp Fee:** \$95

Includes Camp T-Shirt, 12 hrs. of Instruction & DVD of Camp Technique.  
Discounts for multiple family members. Camp will be limited to the first 50  
wrestlers that register.

**Sample Evening Camp Schedule:** 5:30PM-8:30PM

5:30 - 5:45 Check in / Warm Up

5:45-6:45 Session 1 Technique

*Water Break*

6:50 -7:50 Session 2 Technique / Water Break

7:50 - 8:10 Live & Situational Wrestling

8:10-8:25 Wrestling Mindset Techniques, Effective Nutritional methods, The Importance of  
Academics Reinforcement & Team Building Games

8:30 Parent Pick up

**Special Wrestling Technique Coverage on the Following:**

Top Rides, Effective Pinning Combos & Tilts / Gable Series

Bottom: Complete Granby System / Escapes & Reversals

Effective Neutral Position Set-ups & High Percentage Takedowns



## Camp Staff:

**Anthony Servidone:** Head Wrestling Coach @ Columbia HS / 29 Seasons  
Former NY State National Team Head Coach  
NY-USA Wrestling State Director  
Columbia HS Hall of Fame Coach

**Joe McCabe:** Current Asst. Wrestling Coach @ Columbia HS  
Former Head Coach@Maple Hill HS / 35 Seasons  
National- NY State Hall of Fame Wrestling Coach  
Section 2 Wrestling Hall of Fame Coach

**Brandon Lapp:** Current Assistant Wrestling Coach @ Columbia HS  
*2006 New York State Wrestling Champion /3x Sect. 2 Champion*  
2x National All-American (Fargo, ND)  
D1 Wrestler / Graduate of Sacred Heart University

**Joe Denasio:** Head JV Coach @ Columbia HS / 11<sup>TH</sup> Season  
BFS Certified Specialist in Strength Training  
Teacher: EGCS D Goff School / Health Education

**Joe DeMeo:** Asst. Program Coach @ Columbia HS / 6<sup>th</sup> Season  
Former Head Coach @: UAlbany, Cornell University & Stanford University. 5x USA Wrestling Greco Roman World Team Head Coach / 2x Olympic USA Wrestling Assistant. Hall of Fame Coach: Cornell University, UAlbany, USA Wrestling, Section 2. National- NY State Wrestling Hall of Fame Coach

**Bob Crain:** Head Varsity Asst. @ Columbia HS / 18<sup>TH</sup> Season  
Section 2 Asst. Coach of the Year

**Special Guest:** Jim McHugh (Former Head Coach / EGCSA Administrator / Former Teacher / Motivational Speaker/ CHS Hall of Fame), Brendan Morgan (Springfield College Graduate / Columbia HS), Joe Uccellini (NY State National Head Coach) & Several Special Guest TBA



## 2017 BLUE DEVIL WRESTLING CAMP REGISTRATION FORM

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Approx. Weight \_\_\_\_\_

School Name Attending: \_\_\_\_\_

Wrestlers Cell Phone # \_\_\_\_\_ or contact home # \_\_\_\_\_

T-Shirt Size: (Please Circle) *Adult Sizes Only:*

Small Medium Large XL 2XL 3XL

## PARENT / GUARDIAN INFORMATION

Name(s): \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # (Mom & Dad) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**Medical Concerns: (List if any)** \_\_\_\_\_

### **Parent Waiver:**

I am fully aware that the Blue Devil Wrestling camp engages in intense physical activity such as live wrestling and cardio activities. I understand that there may be inherent risk associated with these activities and I permit my child to participate in these activities without restriction. I agree to hold the Columbia Blue Devil Wrestling Camp and/or East Greenbush Central School District harmless for any accidents-medical-dental or any other expenses incurred as a result of my child's participation

with the camp. I also agree to authorize the camp staff to act accordingly to their best judgment in any emergency requiring medical attention.

\_\_\_\_\_  
PARENT NAME-PLEASE PRINT

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PAYMENT:**

Fee: \$95 Please make checks payable to: **Columbia Wrestling Booster Club**

**Send Check & Registration to:**

Anthony Servidone  
Columbia High School  
962 Luther Road  
East Greenbush, NY 12061

***DEADLINE: JUNE 20<sup>TH</sup>***



***For Further Information contact:***

**[ServidoneAn@egcsd.org](mailto:ServidoneAn@egcsd.org)**

**518-207-2082**