

**YOU WILL ONLY BE A  
CHAMPION IF YOU  
WORK LIKE ONE!**

There is one primary goal of the 2009 Anderson University Wrestling Camp: add fuel to the fire while promoting good sportsmanship in the sport of wrestling. We believe that wrestling is a metaphor for life; *nothing is tougher*. Through various drills and techniques, we will show you some of the winning combinations that have helped us to become a top team in NCAA Division II wrestling.

In the forums, you will hear from actual collegiate athletes and coaches on all aspects of wrestling from training to motivation. All of this, we believe, will help to prepare you to *be a champion* in your upcoming high school matches. We will rely heavily on the basics and preach the fundamentals of good, hard-nosed wrestling.

We are excited about the chance to work with you and look forward to your enthusiasm at the 2009 Anderson University Wrestling Camp.

**OUR STAFF**

**Dock Kelly III** is the Head Wrestling Coach at Anderson University. He was a former assistant coach at the University of North Carolina at Greensboro. He was a 1998 Hall of Champions Inductee and a 1997 National Wrestling Hall of Fame Inductee. Dock was the Medal of Courage Winner to the National Wrestling Hall of Fame and a 1996 NCAA Division I Tournament Qualifier.

**ANDERSON UNIVERSITY  
WRESTLING TEAM**

The Anderson University Wrestling Team is comprised of wrestlers recruited from all across the United States and includes State Champions, State Runner-ups and NCAA Division II All-Americans.

**COST**

Camp Fees are \$125. Lunch is included. A non-refundable deposit of \$50 must accompany your application in the form of a check or money order payable to Anderson University Wrestling Camp by May 29, 2009. Please do not send cash in the mail.

**ANDERSON UNIVERSITY WRESTLING CAMP**  
**DOCK KELLY III, Head Wrestling Coach & Camp Director**  
**Box 1011, 316 Boulevard**  
**Anderson, South Carolina 29621**



**Summer 2009  
WRESTLING  
CAMP**



**Camp Director: DOCK KELLY**

**JUNE 17 - 19, 2009**

**ALL SESSIONS ARE  
FROM 9:00 AM - 4:00 P.M.**

**ABNEY GYM  
ANDERSON, SOUTH CAROLINA**

# CAMP DETAILS

Wrestling Camp will be held at  
Anderson University Abney Gym

**JUNE 17 - 19, 2009**

All sessions will be held from  
9 a.m. to 4:00 p.m.

*Lunch will be provided.*

**TO REGISTER  
RETURN APPLICATION FORM  
TO:  
DOCK KELLY III,  
Anderson University Wrestling Camp  
Box 1011, 316 Boulevard  
Anderson, SC 29621**



**For more information call:**  
Anderson University Athletic Office  
Becky Farmer, Administrative Assistant  
(864) 231-2029  
or  
DOCK KELLY III, Camp Director  
(864) 231-5752  
(864) 958-1599

EMAIL: [dkelly@andersonuniversity.edu](mailto:dkelly@andersonuniversity.edu)

*Summer Camp information is also  
available at: [autrojans.com](http://autrojans.com)*



## REGISTRATION FORM 2009 ANDERSON UNIVERSITY WRESTLING CAMP

(Please fill in ALL sections. Type or print in ink only. This form may be duplicated for additional applications.)

### 1 APPLICATION FORM

Applicant's last name	First name	Middle initial	Age	Birthday	Home Phone
Home address (number and street or box no.) (city) (state) (zip code)					
Mother's last name	First name	(Business phone)		(Cell phone)	
Father's name	First name	(Business phone)		(Cell phone)	
Applicants shirt sizes: Circle one:	MEN S M L XL XXL	Applicant's grade next fall:			
	YOUTH S M L				
<input type="checkbox"/> Enclosed is a check for \$ _____ payable to Anderson University Wrestling Camp, to cover the registration fee.					

### 2 EMERGENCY HEALTH FORM

Applicant's last name	First name	Middle initial	Home Phone
School and City	State	Father's business phone	Mother's business phone
Physical conditions that we should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):			
Date of most recent tetanus immunization: _____			
My family's physician is Dr. _____		Phone: _____	

The following consent should be signed by the parent/guardian. The law requires that parent permission be obtained for operative procedures on minors. We need this form completed so we may perform such procedures without unnecessary delays. However, no operation will be performed, without parents being contacted and fully informed.

I also understand that the Anderson University Wrestling Camp is not responsible for a pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day of camp, and the Anderson University Wrestling Camp will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervising enrolled camping period.

Printed full name of parent/guardian

Signature of parent/guardian