

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

There is one primary goal of the 2010 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 2010 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 31, 2010. 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



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**Summer 2010  
WRESTLING  
CAMP**



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**Camp Director: DOCK KELLY**

**JUNE 15 - 17, 2010**

**ALL SESSIONS ARE  
FROM 9:00 AM - 3:00 P.M.**

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**ATHLETIC CAMPUS  
WRESTLING ROOM  
ANDERSON, SOUTH CAROLINA**

# CAMP DETAILS

Wrestling Camp will be held at  
Anderson University  
Wrestling Room

**JUNE 15 - 17, 2010**

All sessions will be held from  
9 a.m. to 3:00 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 - Office  
(864) 958-1599 - Mobile

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

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



## REGISTRATION FORM 2010 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

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 \_\_\_\_\_