



June, 2011

Warhawk Summer Wrestling Camper:

The 2011 Premier Elite Wrestling Camp at UW Whitewater is right around the corner. Our staff is very excited to be working with you this summer. We are confident that the techniques and style of wrestling that we teach will lead to many more victories for you next season. I want to give you as much information about the camp as I can.

The final registration and check in times are as follows

Warhawk Premier Elite Camp July 7—Arey Hall 3:00-5:00 pm

When you arrive at the hall please bring the Health History Questionnaire/ Consent Form, any medications, and final payment of all camp fees. The Health History form is required to participate in the Warhawk Premier Wrestling Camp. The first session will begin with a meeting at 5 pm in the wrestling room. We will have dinner after the meeting and the first wrestling session will be that evening at 6:30 pm. Our first session will be run by two-time Olympian Jim Gruenwald in what we hope will be one of the best experiences you will have learning the sport of wrestling.

The residence hall for the Premier Camp will be Arey Hall for the campers that are going to be residents. Commuters will need to arrive at the campus by 8:30am for the first sessions of the day, from Thursday through Sunday. Meals will include lunch and dinner for commuters and three meals per day for residents.

Please call me with any questions about the upcoming Warhawk Premier Elite Camp at 262-472-1867 or call the camp office at 262-472-3165.

Keep Going!!

A handwritten signature in black ink that reads 'Tim Fader'.

Tim Fader
UW Whitewater Wrestling Coach



CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail csevents@uww.edu



June, 2011

Dear Parents:

Thank you for providing your child the opportunity to attend the 2011 Warhawk Premier Elite Wrestling camp at UW Whitewater. Here is some information for the upcoming camp July 7-10.

STAFF: The staff of instructors has been personally selected by our coaching staff. These men are current wrestlers or staff members for the UW Whitewater Warhawk Wrestling team--and your child will benefit greatly from the time spent with them at camp. We will provide supervision in all activities. Your child will train with 3 other kids from the camp with one of our staff as their personal counselor. The 4-1 ratio is extremely useful for retention and hands on learning.

Included in the staff are:

The first day of camp we will have two-time Olympian Jim Gruenwald as our lead clinician
UW Whitewater Assistant Coach Matt Zwaschka
UW Whitewater All American Pat Nagel
UW Whitewater All American Karl Voeck
Three-time UW Whitewater All American Austin Bautista

HOUSING: The campers will be housed in Arey Hall and the staff will be supervising there as well. All campers will have roommates in the hall.

HEALTH SERVICE: Should your child require medical attention, an assessment will be made by the camp health supervisor and appropriate measures will be taken. Be sure to bring the enclosed Health History Questionnaire/Consent Form. Your child will not be allowed to participate in camp activities without this form.

INSURANCE: Insurance coverage is included in your registration fee and will cover you **ONLY WHILE YOU ARE ON CAMPUS AND FOR CAMP RELATED ACTIVITIES**. If you are a commuter, you are not covered while traveling to and from camp.

FOOD SERVICE: During the camp, your child will receive three well balanced meals per day. Commuters will receive a lunch and dinner meal pass. All campers will have a meal card and these should not be lost as there is a replacement cost involved.

ACTIVITIES: We will have three techniques sessions on each day of the camp. The evening session will include review and wrestling in situations related to the day's instruction. The pool will be available each afternoon and evening and commuters are more than welcome to stay for swimming. If you commute, you can easily expect your child to be at the camp from 7:30am until 9:30pm.

DISCIPLINE: Our camp is designed for young wrestlers to appreciate the best that our sport has to offer. They will have one on one involvement with our staff. It is our desire that the camp is both educational and enjoyable. However, misbehavior and misconduct will result in discipline—we will send campers home if necessary.

Thanks for the opportunity you have given us to work with your child—please don't hesitate to call with questions – 262-472-1867.

Respectfully,

Tim Fader
UW Whitewater Head Wrestling Coach



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Check in

3-5 pm Thursday July 7 Arey Hall

Check out

1-2pm Sunday July 10 Arey Hall

Emergency Telephone Numbers

Should you need to contact your child at the Premier Camp please use the following numbers:

Summer Camp Office	262-472-3165 7am-4pm
Arey Hall Staff Room	262-472-2290 4:30 pm to 7 am (If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
Tim Fader	262-472-1867 office 608-385-4885 cell
Emergency Phone	262-472-4200

We will need an emergency contact for you on your Health Questionnaire.

What to bring

Pillow & bed linens or sleeping bag
Swimming suit
Toiletries
Fan—Arey is not air conditioned
Work-out clothes/wrestling shoes/towels (enough to have clean gear each session—the dormitory has coin operated laundry available.)
Running shoes as each morning will begin with a run
Notebook and pen to take camp notes
Money for anything additional—pizza at night, Warhawk work-out gear etc...

Premier Elite Wrestling Camp Schedule

July 7-10, 2011

Thursday

3:00-5:00 pm	Check-in, Arey Hall
5:00 pm	Opening meeting
5:30 pm	Dinner
6:30 pm	Opening session
9:00-10:30 pm	Swimming
11:00 pm	Lights out

Friday

7:00 am	Run
8:00 am	Breakfast Esker Hall
9:30 am	Session 1
11:30 am	Lift technique
12:30 pm	Lunch Esker Hall
2:00 pm	Session 2
4:00 pm	Nutrition
5:30 pm	Dinner
6:30 pm	Live/Drill
8:30 pm	Comps
9:00-10:30 pm	Pool

Saturday

8:00 am	Breakfast
9:30 am	Session 1
11:30 am	Lift
12:00 noon	Lunch
1:30 pm	Session 2
4:00 pm	Video
5:00 pm	Dinner
6:30 pm	Live/Drill
8:30 pm	Comps
9:00-10:30 pm	Pool

Sunday

7:00 am	Run
8:00 am	Breakfast
9:30 am	Session I
11:30 am	Goal Setting
12:00 noon	Lunch
1:30 pm	Closing ceremony—awards/pictures;
2:00 pm	Clean rooms and pack/check out

Teams of five will compete in 15 different competitions throughout this Premier Camp.

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness. _____
 Name _____ Relationship _____ Phone _____
 Name of Physician _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)
 Dose 1 - Immunization at 12 months _____ / _____ / _____
 Dose 2 _____ / _____ / _____
 Tetanus-Diphtheria
 Year of initial series _____ / _____ / _____
 Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No
 Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes
 If YES, complete the consent for medical administration _____

Does participant have allergic reaction to: (check box if YES)

- () Penicillin
- () Other Antibiotics
- () Other Medicines (type) _____
- () Insect Bites/Stings

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies
- () Asthma
- () Bleeding Disorder
- () Cancer
- () Colitis
- () Diabetes
- () Epilepsy/Seizures/Blackouts
- () Heart Disease
- () Hernia
- () Other
- () High Blood Pressure
- () Joint Injury/Surgery
- () Kidney Disease
- () Menstrual Difficulties
- () Mental/Emotional Problems
- () Neck/Back Pain/ Injury
- () Rheumatic Fever
- () Tuberculosis
- () Ulcer

CONSENT FOR MEDICAL TREATMENT

• If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 • By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 • By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 • By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
 Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

_____ No medication has been brought to camp.

_____ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself: Name of Medication(s) _____

_____ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. *Please complete the following.*

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

_____ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____

Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

_____ No medication has been brought to camp.

_____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

_____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

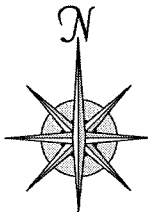
Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____

Date _____



22
LAWSON
LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM
STUDENT ATHLETIC COMPLEX
STADIUM ATHLETIC BUILDING

PICNIC AREA

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

24
STADIUM LOT

18
ESKER LOT

19
TUTT-WELLERS LOT

SCHWAGER DR.
INTRAMURAL FIELDS
RUGBY FIELD

11
WILLIAMS CENTER LOT
DAVID L. KACHEL/DOLK FIELDHOUSE
WILLIAMS CENTER

ESKER DINING HALL
POWER PLANT

TUTT HALL
WELLERS HALL
KNILANS HALL
WELLS RESIDENCE HALL

8
BIGELOW LOT

TENNIS COURTS

9
WARHAWK DRIVE LOT

CALVARY CEMETARY

17
FISCHER LOT

LOT 4

STARIN PARK

BIGELOW
LEE
FRICKER
DRUMLIN DINING HALL
AREY
BENSON

8
BIGELOW LOT

7
STARIN ROAD LOT
VISITOR CENTER

GOODRUE
MORRIS BOOK STORE

CAMPUS MINISTRY

15
HC LOT
HEALTH CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE LOT
UPHAM HALL

LOT 3

CARLSON HALL

MCUTCHEAN

ROSEMAN

WINTHER HALL

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

2
CARLSON LOT

OBSERVATORY

McGRAW HALL

12
LIBRARY LOT

RYAN L. VOIGT AUDITORIUM
GREER HALL CENTER OF THE ARTS

ALUMNI CENTER

HYER HALL

ANDERSEN LIBRARY

CHOPP ARBORETUM

SALISBURY ARBORETUM

N. TRAIL STREET

N. PRINCE STREET

WYMAN MALL

N. PRAIRIE ST.

N. ESTERN ST.

W. FLORENCE STREET

RENCE STREET

US HWY 12

W. MAIN STREET



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.

