



IA Junior Olympic Program 2009-2010 Training Sessions



Clinician: Steve Knight has been a member of the US National Teams Staff for the past thirteen years, working with athletes at the US Olympic Training Center. He has coached in two World Freestyle Championships, served on two US Olympic staffs, and has lead US Teams in both Pan American and World Cup competition in addition to coaching several US tours abroad. As a wrestler, he was a 2 x IA Prep Champion, 3 x Junior National Champion, an NCAA All American and Big 12 Champion for ISU. He went on to represent the US 14 times abroad, winning a Pan American Gold medal for the US and traveling to the '92 Olympics as an alternate/training partner. He is the Head Coach & Executive Director for Excel Wrestling and oversees the Iowa Team Excel Junior Olympic Program.



Schedule: (Time/date notification will be issued)

Fall Program – Early September thru early November

Winter Program – Late November thru early February

Spring Program – Mid March thru late May

Locations & Groups:

Southern IA location - Winterset High School (1 HS grp)

Fall/Winter - Sunday afternoons @ 2pm, (1 HS grp only)

Spring – Tuesday eves @ 6:30pm, (1 HS grp only)

West DM location - Waukee High School (1 HS grp, 1 Jr. grp)

Fall/Winter - Sunday afternoons @ 4:00pm (High School grp)

Fall/Winter – Sunday afternoons @ 5:30pm (Junior grp)

Spring – Monday eves @ 5pm, 6:30pm (1 HS grp, 1 Jr. grp)

*Juniors = 10-14 yrs.

East DM location - Grand View University (1 HS/MS grp only)

Fall - Tuesday eves @ 7:30pm (1 HS/MS grp, after fball pract)

Winter – Sunday eves @ 6pm (1 HS/MS grp)

Spring – Thursday eves @ 6:30pm (1 HS/MS grp)

Program Info: Only the first 24 wrestlers in each group making a year long commitment (Fall, Winter, Spring) will be accepted into the Iowa Team Excel Junior Olympic Program. Fall and Winter Programs focus on collegiate style wrestling preparing for both Iowa Youth and High School State Championships, while during the Spring season, we transition into Freestyle in preparation for the Iowa Freestyle/Greco State Championships and the Fargo Cadet and Junior Nationals.

Make checks payable and send to:



Excel Wrestling

9609 Quail Ridge

Urbandale, IA 50322

Phone: 515-331-4419

sknight@excelwrestling.com

www.excelwrestling.com

Registration: The program runs from September thru May with priority given to wrestlers returning to the program from last year. A non-refundable deposit of \$150 must be paid with the application. **All applications are due no later than September 1, 2009.**

Payment Plans: Payment-in-full at discounted rate of \$700/year *or* Monthly plan: initial payment of \$150 submitted with the application, payments of \$120 each month made by bank draft* on the 9th of **October, November, December, January and February.**

I verify that my son is physically able to participate in the 2009-2010 Team Excel Junior Olympic Year Round Training Program. In case of emergency, I release Junior Olympic programs, its staff, USA Wrestling, Excel Wrestling and its staff, Winterset High School, Waukee High School from any and all liability resulting from injuries while participating in the program. I understand there is no refund for registration fee to the Excel program if parent/guardian or athlete should cancel application or fail to attend. The wrestler participating in the '09-10 Team Excel Junior Olympic Program does so at his own risk. Excel Wrestling, nor its staff shall be held liable for any damages arising from personal injury sustained by an individual participating in the program.

Name _____

Address _____

City, State, ZIP _____

Home Phone (____) _____ Alt. Phone (____) _____

Email _____

Birthdate _____ Approx. Weight: _____

Grade / School attending: _____

Emergency Contact Information:

Name _____ Phone (____) _____

Payment Option: (please check one)

Payment in full: \$700 (includes deposit & tuition)

Monthly Payment Plan: \$150 initial payment (enclosed) & \$120/month for 5 months

*By enclosing check & signing below, I authorize Excel to deduct monthly payment from checking account.

Parent Signature _____