Free NCAA Wrestling Clinic

Tuesday, March 13 – 5 – 8 p.m.

The National Collegiate Athletic Association (NCAA) Youth Education through Sports (YES) Program Fueled by POWERade and the Detroit Metro Sports Commission invite you to join and experience the excitement of the 2007 NCAA Division I Wrestling Championship. At the YES Clinic you will meet collegiate coaches and student-athletes and learn wrestling skills, life skills and conditioning tips.

If you want to be a part of the championship, the YES Clinic is for you. The best part is…it's **FREE.** Participants will also receive gift items from the NCAA and Coca-Cola at the conclusion of the clinic. All participants will receive a voucher to redeem for a FREE ticket to attend the NCAA Division I Wrestling Championship at The Palace of Auburn Hills. Space is limited. Sign up today!

WHAT, WHEN & WHERE

- **NCAA YES Wrestling Clinic for boys and girls, ages 10 to 16.**
- **No cost to participants – FREE.**
- ***Clinic site*: The Palace of Auburn Hills,**
  4 Championship Drive, Auburn Hills, MI 48326-1752
- **Clinic: Tuesday, March 13, 2007 – 5 – 8 p.m.**
- **Participants will receive a free t-shirt and other gift items.**

NCAA YES Clinics are administered exclusively by the National Youth Sports Corporation.

Please fax completed registration form to 313-202-1964 or return to your club representative no later than March 5, 2007.

2007 NCAA Men's Division I Wrestling – YES Clinic

Name:	In the event of an injury to my child, I agree that University of Michigan, The Palace of Auburn Hills, Detroit Metro Sports Commission, National Youth Sports Corporation, The Coca-Cola Company and/or the NCAA are authorized on my behalf to obtain any medical care or treatment deemed necessary. I also hereby release the entities stated above, its employees, directors, member agent, volunteers and officers from any and all liability alleged on my child's account or on my account caused or alleged to be caused in whole or in part by their negligence. I further agree to allow my child's likeness to appear in material promoting YES Clinics, including by not limited to the YES Clinic Web site.
Address:	
City: State: Zip:	
Phone: Age:	
Male or Female (circle): Grade in School:	
Years of Wrestling Experience: _____	**Parent/Guardian Signature (required)**
	Date

PLEASE FAX COMPLETED FORM TO 313-202-1964 BY MARCH 5.