

# Schindel Wrestling Camps

Head Wrestling Coach at Adrian College

Coach Schindel Bio: Three Time All-American at the University of Mount Union, Ohio Athletic Conference (OAC) Coach of the Year, 2013-15 Mideast Regional Runners ups, 2012 8<sup>th</sup> & 2014 8<sup>th</sup> & 2015 7<sup>th</sup> Place Finish at NWCA National Duals.

## Last Five Seasons

6 - All Americans, 14 - National Qualifiers, 9 - Scholar All Americans,  
3 - OAC Team Championships, 16 - 1<sup>st</sup> Team OAC Wrestlers.

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About our camp: Bill Schindel is the former Head Coach at the University of Mount Union, and is beginning his first season at the helm of Adrian College. Schindel Camps focus on individualized instruction to help athletes gain a competitive edge during the off season. Expect to improve on all facets of wrestling- stance, positioning, mat strategy, and technique.

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### Commuter Training Camp:

**Dates** - Monday, July 17<sup>th</sup> – Wednesday, July 19<sup>th</sup>

**Check in** – Monday, July 17<sup>th</sup> at 8:00 – 9:00 am

Training Sessions: 9:00 am – 11:00 am (Technique/Skill Session)

11:00 am – 12:00 pm (Lunch will be provided)

12:00 pm – 2:00 pm (Technique/Skill Session)

**Individual Cost** – \$100 – per individual wrestler

Team discounts available please contact Coach Schindel at [SchindelWrestlingCamps@gmail.com](mailto:SchindelWrestlingCamps@gmail.com)

**Eligibility** – Wrestlers in the 2-12 grade during the 2017-2018 school year.

**Location** – Adrian College- Merillat Center Wrestling Room 146 N. Charles Street, Adrian, MI 49221

### Registration Link -

<http://www.trackwrestling.com/registration/BasicPreReg1.jsp?tournamentGroupId=263374009>

Please make checks payable to Schindel Wrestling.

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## Registration

### Camp name Commuter Training Camp:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

If registering with a team.

School Name \_\_\_\_\_

### Consent Form

\_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, agree that the registrant and I will abide by the rules of Schindel Wrestling Camps, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with wrestling and in consideration for the Schindel Wrestling Camps accepting the registrant for its wrestling programs and activities. I hereby release, discharge and/or otherwise indemnify the Schindel Wrestling Camps, all coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrants participation in the programs and or transportation to or from the same, which transportation I hereby authorize.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

