

West Geauga Recreation Council

Winter Wrestling Program 2009-2010

OUR MISSION: To teach the fundamentals of wrestling and to prepare for youth wrestling competitions while encouraging good sportsmanship and fun.

WHO: Boys grades 1 through 6

WHEN: November 17, 2009 through January 31, 2010
Tuesdays and Thursdays for all wrestlers 6:00 PM - 8:00 PM
Wednesdays 6:00 PM - 8:00 PM advanced skills for 4th, 5th, and 6th graders.
Meets are held on Sundays in Mentor at 10:30 AM or at 1:00 PM.

There will be no practices held during school breaks or when schools are closed due to inclement weather.

FEE: \$80.00 per child or Family Max of \$200.00. Fee includes wrestling t-shirt, admission and recognition at West Geauga Varsity meet, and the use of a singlet. Wrestling shoes and headgear are required - no street shoes are permitted in the wrestling room.

WHERE: West Geauga High School Wrestling Room (wear t-shirt and shorts).

REGISTRATION: The first week of class, on site, Tuesday Nov. 17th, Wednesday Nov. 18th and Thursday Nov. 19th. Please bring checks payable to the WGRC.

ADDITIONAL INFO: Call Joe Fornaro at 440-729-6349 or visit the WGRC website at www.wgrcsite.com

PLEASE PRINT: West G Wrestling Program

Participant's Name _____ DOB _____

Address _____

Parents'/Guardians' Names _____

Home Phone _____ Work Phone _____

Cellular/Other _____ E-Mail _____

List any allergies or medical conditions of which we should be aware: _____

School: _____ Grade: _____ Age: _____

Weight: _____ T-Shirt Size: (circle one) YS YM YL AS AM AL

SPONSORSHIP AVAILABLE \$150.00. Sponsors name appears on t-shirt.

Name of Sponsor: _____

Permission Statement: I certify that I am the parent/guardian of the above child. In that capacity, I hereby allow my child to participate upon my own initiative and application and assume all risks of his participation in the West Geauga Wrestling Program and in consideration of his participation in said program, do hereby waive and release all claims arising as a result of personal injuries or property loss during such program against The West Geauga Recreation Council and its officers, agents, coaches employees and volunteers; The West Geauga School System and its officers, agents, employees coaches and volunteers. I further hereby agree that no suit of action of law shall be instituted for the above reason by me or others. If a parent or guardian is not present, I authorize the program staff, in the event of illness or injury, to administer emergency care and to arrange for any emergency medical transportation to the nearest healthcare facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and/or other medical personnel to furnish medical care, using the above guidelines, while my child is participating in the West Geauga Wrestling Program. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian Signature

Date