

Sauquoit Valley Wrestling Club

SV Wrestling Club invites you to join this year's wrestling program. The program is open to everyone with emphasis on 3rd - 6th grade students at Sauquoit Valley CSD.

Technical and physical skills will be taught that will help develop muscle coordination, balance, discipline, and strength. Emphasis will be on **having fun**.

When: Practices will be Tuesdays and Wednesdays November 6th Thru December 19th from 3:00 to 4:30pm

Location: Sauquoit Valley Elementary School gymnasium starting on November 6th, from 3:00 to 4:30 pm.

Tournaments will be available for those athletes ready to compete. They will be listed on the Wrestling Club website www.sviwrestling.com.

NYWAY (New York Wrestling Association for Youth) membership is required for insurance purposes and entrance to tournaments. The fee for our wrestling club is \$60.00. **This will include the NYWAY membership.**

The first meeting will take place after practice **for parents on Tuesday November 6th at 4:30pm** Tee shirts, shorts and/or sweats will be required for workout clothing. Wrestling sneakers will be required eventually, but are not necessary for the first few practices. Your child has shown interest by signing up in the PE teacher's office. With your approval, we welcome your child's involvement. Please fill out completely the information below.

Guardian _____ **email:** _____

Guardian _____ **email:** _____

Home phone _____ **cell number** _____

Home address _____ **city** _____ **zip** _____

(1)Wrestler's name _____ **date of birth** _____

Age: _____ **grade** _____ **weight** _____ **years wrestled** _____ **shirt size** _____

(2)Wrestler's name: _____ **date of birth** _____

Age: _____ **grade** _____ **weight** _____ **years wrestled** _____ **shirt size** _____

Emergency contact:

In the event Parent/guardian cannot be reached: _____ Phone _____

PERMISSION TO JOIN Sauquoit Valley Wrestling Club and for emergency medical treatment:

I, _____, parent/legal guardian of the above named child/children, give my child permission to join the Sauquoit Valley Wrestling Club and to make any necessary medical decisions when I am not available.

Signature _____ date _____