



West Geauga Recreation Council Winter Wrestling Program 2016-2017

OUR MISSION: To teach the fundamentals of wrestling, prepare for youth wrestling competitions, encourage good sportsmanship and fun, and build pride in the West Geauga athletic program.

WHO: Boys/Girls grades 1 through 6

WHEN: November 14, 2016 through March 2017

- Mondays, Wednesdays, and Thursdays from 6:00 PM – 7:30 PM. Monday for beginners, Wednesday for advanced, beginner/intermediate and Thursdays are one hour of drilling and then full go/live wrestling.
- Meets are held on Sundays in Mentor at 10:30 AM or at 1:00 PM. (Times can vary from last year). We will schedule meets at the West End YMCA, similar to last year, also.
- Practice schedule for winter break will be announced.
- There will be no practices held when schools are closed due to inclement weather.

FEE: \$75.00 per child. Family Max of \$200.00. Fee includes wrestling t-shirt, admission & recognition at West Geauga Varsity meet (TBA), and the use of a uniform. **Wrestling shoes & headgear are required** - no street shoes permitted in the wrestling room.

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

REGISTRATION: Mail registration to WGRC, 11758 Lyman Road, Chesterland, OH 44026 or bring a completed registration form to the first week of wrestling, on site, Monday (11/14/16), Wednesday (11/16/15), or Thursday (11/17/16). Please make checks payable to WGRC. Registration forms can be downloaded at www.wgrc.org.

ADDITIONAL INFO: Call Dan Donofrio at 216-509-1029 or Joe Marino at 440-729-5950 (x4181) or visit the WGRC website at www.wgrc.org.

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 \$100.00. 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