

NOVICE PROGRAM

Portage Wrestling Club

(2009-2010 Season)

www.PortageWrestlingClub.com

PRACTICE INFORMATION

- What:** A program designed to provide 1st and 2nd year wrestlers with an understanding of the rules and techniques of folkstyle (scholastic) wrestling. The program provides a basic overview for the novice wrestler. There are opportunities to participate in novice tournaments.
- Who:** All Portage Elementary students.
- Where:** Portage Central High School wrestling room.
(a.k.a. "The Mini-GYM" located behind the gymnasium)
- Dates:** Wednesday evenings beginning on Wednesday, December 2nd.
- Times:** Practice times will be 6:00-7:30 PM. **Duration:** Program will conclude on Wed. January 20th, 2010

SIGN-UP INFORMATION

- When:** Sign-ups will be conducted on Wednesday, November 11th
- Where:** Main entrance lobby of Portage Central High School
Sign-up times will be from 7:00 to 8:00 PM.
- Cost:** \$40.00 Registration Fee for every registered club member.*
*No required CANDY SALE fund raiser this year. Wrestling Club apparel will be available for an additional charge. Optional expenses: tournament entry fees, wrestling shoes and uniforms.
- Included:** Expert instruction, practice facilities, coaching at tournaments, one (1) free club t-shirt, a MYWAY membership card and MYWAY State Championship entry fee paid for qualifiers.

Detach and return (please print)

Wrestler Information:

Name: _____ DOB: _____ / _____ / _____
Address: _____ City: _____ ZIP: _____
Phone: (____) (____) - _____ School: _____ YRS wrestled: _____
Shirt Size (circle one): Youth XS S M L XL
Adult S M L XL XXL

Parent(s)/Guardian(s) Information:

Name: _____
Address (if different): _____
Phone: (Home) (____) (____) - _____ (Mom Cell) (____) (____) - _____
Email: _____ (Dad Cell) (____) (____) - _____
Child lives with (circle one): MOM DAD BOTH GUARDIAN

*Do you give your permission for us to include your child's picture on the club web page?

Yes: No:

I/We do give our consent for the above mentioned child to participate in Portage Wrestling Club during the current season. I/We further agree, on behalf of the child, to release, absolve, indemnify and hold harmless, Portage Wrestling Club, its officers, directors, sponsors, organizers, and supervisors from all claims relating to or arising out of the conduct of the activities of Portage Wrestling Club.

Emergency Authorization: I/we, the undersigned parent(s), guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents acting in any capacity for P.W.C./vehicle drivers, etc., as agents for the undersigned to medical, surgical, or dental examination/treatment, etc. In case of emergency, I/We do hereby authorize the treatment and/or care of the above named registered player at ANY medical care facility or hospital.

Parent(s)/Guardian(s) Signatures:

Date _____

Date _____

Does this child have a history of upper respiratory illness or allergies?

Yes: No:

If yes please explain:

List any medications taken regularly:

Medical insurance provider: _____ Employer (if company plan): _____

Questions?

Tony Latora: (269) 329-1039

SUD