



Portage Wrestling Club

(2009-2010 Season)

www.PortageWrestlingClub.com



PRACTICE INFORMATION

- What:** A program designed to provide students with an understanding of the rules and techniques of folkstyle (scholastic) wrestling. There are opportunities to participate in tournaments with other athletes, locally and across the state of Michigan.
- Who:** All Portage students through 8th grade.
- Where:** Portage Central High School wrestling room.
(a.k.a. "The Mini-GYM" located behind the gymnasium)
- Dates:** Tuesday and Thursday evenings beginning on Tuesday, December 1st.
- Times:** Practice times will be 6:00-7:30 PM. **Duration:** Program concludes at MYWAY State Championships

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:** \$80.00 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): _____