

Lakota West Kids



Wrestling Club

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- WHO: Open to all students in grades 1 through 6
- REGISTRATION: Lakota West High School – 8940 Union Centre Blvd, West Chester, OH 45069
(In Main Entrance Hallway)
Wednesday, October 17th, 2018, 6:00 - 7:30pm
Monday, October 22nd, 2018, 6:00 – 7:30pm
(Registration Form on Back)
- WHEN: Practice starts **Thursday, November 13th, 2018**
Practices are on Tuesday & Thursday nights
Tournaments will be on Sundays (starting in December)
- WHERE: Lakota West High School Wrestling Room
- TIME: Tuesday & Thursday 6:30 – 8:00pm
For Beginners, Intermediate & Advanced
- COST: \$90.00 per child (includes team singlet, t-shirt, and year-end party)
Families with 2 or more wrestlers discount \$10 per wrestler
- INSURANCE: Each child will be covered by a secondary coverage included in the registration cost.
- LATE REGISTRATION: Lakota West High School Wrestling Room
Tuesday, Nov 13, 2018 6:30pm **or** any practice night

LAKOTA WEST KIDS WRESTLING CLUB

The objective of the club is to introduce children and their parents to the sport of amateur wrestling. Wrestling helps to develop physical conditioning, strength, agility, and mental toughness. The club competes in tournaments and meets with other teams in Greater Cincinnati. All team members compete, no bench sitters. Parental involvement is encouraged.

Questions contact Joesph Rieman 740-815-1476 or e-mail at:
firebirdyouthwrestling@yahoo.com

REGISTRATION FORM

Wrestlers Name _____

Level: (circle one) Beginner Intermediate Advanced

Address: _____

City, State, Zip _____

E-mail address: _____

Date of Birth: _____ School: _____ Grade: _____

Parent(s) Name(s): _____ Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Shirt size: **Boys:** S _____ M _____ L _____ **Adult:** S _____ M _____ L _____

Can you help coach? _____ How did you hear about us? _____

I hereby authorize my child to participate in the wrestling program offered by the Lakota Kids Wrestling Club. I recognize that wrestling is a contact sport and, as such, injuries may occur from time to time. I hereby waive and absolve the Lakota Kids Wrestling Club, its officers, coaches and the Lakota School District from any liability regarding injuries resulting from my child's participation in practice and/or competition while a member of the Lakota Kids Wrestling Club.

Parent's signature: _____ Date: _____

To be completed by Wrestling Club

Amount Paid _____ Cash _____ Check _____ Weight: _____

This material was prepared by the Lakota West Kids Wrestling Club and is not sponsored or endorsed by the Lakota Local School district or any Lakota School