

WILDCAT YOUTH WRESTLING CLUB

BUILDING A FOUNDATION FOR 28TH YEARS!!!

****SOUTH HUNTINGTON**
RESIDENTS ONLY**

**GRADES 3 – 8
Tuesday & Thursday
6:00 – 7:30 pm**



****SPACE IS LIMITED****

**NO EXPERIENCE
NECESSARY**

**USA WRESTLING CARD
REQUIRED - EMAIL FOR
DETAILS**

Season Starts Tuesday December 6th 2022 – Thursday March 16th 2022

Practices will be held in the Vin Altebrando Wrestling Room @ WWHS

Cost/Registration: \$225 includes uniform

To Register: Bring attached registration form and check payable to: **Wildcat Youth Wrestling Club** to the first practice or register **electronically** @ <https://forms.gle/4oXPd4yA1541bGTA> or



Scan QR Code to access electronic registration form (preferred means)

Inquiries can be directed to: Michael McGuinness @ 646-773-9695 or

EMAIL wildcatsyouthwrestlingclub@gmail.com

"This notice is distributed to students solely as a community service by the school district. Such distribution should not be considered to be an endorsement of approval by the district of either the sponsor or the activity."

Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises. You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Name: _____ Date: ____/____/____

Signature _____

WRESTLER NAME _____

GRADE _____ DATE OF BIRTH _____ WEIGHT _____

EMAIL ADDRESS _____

ADDRESS _____ PHONE _____

SCHOOL _____