



## Spencerport Junior Rangers Youth Wrestling Club Grades K-6th



This program will offer students grades Kindergarten through 6<sup>th</sup> grade the opportunity to learn the basic skills and fundamentals of scholastic wrestling including: balance, agility and conditioning drills. Participants should wear a t-shirt, shorts, and sneakers. Separate practices will be run for students K-2nd and for students 3-6th and will be held in the "Coach J" wrestling room at the High School. More information will also be available on the club web site. Bring completed form to the first practice or online registration can be completed at [www.junior.spencerportwrestling.com](http://www.junior.spencerportwrestling.com)

Grades K-2 <sup>nd</sup>	Grades 3 <sup>rd</sup> – 6 <sup>th</sup>
<ul style="list-style-type: none"> <li>• Saturday</li> <li>• December 5<sup>th</sup>, 2009 - January 30<sup>th</sup>, 2010</li> <li>• 12 pm - 1:15 pm</li> <li>• \$45. Includes instruction, practice, team t-shirt and AAU Insurance Card</li> <li>• Min 20 wrestlers/ Max 50 wrestlers</li> </ul>	<ul style="list-style-type: none"> <li>• Tuesday and Thursday</li> <li>• December 1<sup>st</sup>, 2009 - February 25<sup>th</sup>, 2010</li> <li>• 6:15pm - 7:45pm</li> <li>• \$75. Includes instruction, practice, team t-shirt and AAU Insurance Card</li> <li>• Min 20 wrestlers/ Max 50 wrestlers</li> </ul>

Questions contact: Justin Raines at [justin.raines@gmail.com](mailto:justin.raines@gmail.com) or 594-2361  
 Jeff Raines at [raines.jeff@gmail.com](mailto:raines.jeff@gmail.com) or 594-9210

Wrestler's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

Pre-existing medical conditions (e.g. allergies or chronic illness): \_\_\_\_\_

\_\_\_\_\_

T-shirt size (Circle One):    YS    YM    YL    S    M    L    XL            Approx Weight: \_\_\_\_\_

**INFORMED CONSENT FORM**

I hereby give my permission for \_\_\_\_\_ to participate in the Spencerport Junior Rangers Wrestling Club; to provide emergency treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I can not be reached and a reasonable effort has been made to do so. My child and I are aware that participation in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risks conditions associated with the sport. All such risk to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child. I do further release, indemnify and hold harmless the Spencerport Junior Rangers Wrestling Club, Spencerport School District, the organizers, and the supervisors and any and all of them.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_