



McSHERRYSTOWN CATHOLIC YOUTH WRESTLING CLUB K to Grade 6

Hello Parents!

Wrestling season is approaching fast! We're so excited to work with all returning boys and for new boys to try out this fun and exciting sport! The McSherrystown Catholic Youth Wrestling Club is open to all boys in Kindergarten through 6th grade from any school.

The McSherrystown Catholic Youth Wrestling Club offers children the chance to learn teamwork and discipline. Wrestling concepts will help them tremendously in football, baseball, and all other sports. We are a small club and focus on giving each child individual attention to achieve their goals while always having fun. We are members of the Central Penn Youth Wrestling League. Our matches are held on Saturdays throughout January and February.

Practice is held at Delone High School on Monday and Wednesday evenings from 5:30pm to 6:30pm for beginners (1st and 2nd year wrestlers), or 6:30-8:00 for advanced level (3rd year or higher).

We will have a parent meeting on Wednesday, November 14th at Delone Catholic High School. The meeting will begin promptly at 5:30pm with practice to follow. Wrestlers should wear gym shorts, t-shirts, socks, and sneakers. Wrestling shoes will be required after the first week. Wrestling shoe rental provided upon request.

If your son wants to try wrestling, come to the parent meeting for more details. **New children are welcome to practice the first week before registering for the season.**

Please complete the registration form attached to this flyer and bring it along to the meeting.

The registration fee is \$50.00 for the first child or \$100 for families of 2 or more participants. All checks should be made payable to - MCYWC – and print the child's name on the check.

Head Coach Michael Rios

717-979-6983 mjrios1110@gmail.com

Check out website for all the latest information at www.mcyouthwrestling.com, on Facebook or on Team App.



PERMISSION TO PARTICIPATE IN ATHLETICS

NAME: _____

GRADE: _____

DATE OF BIRTH: _____

AGE AS OF JAN 1ST, 2019: _____

I, (parent) _____, grant permission for

_____, to participate in the wrestling club where he/she will travel to practices, matches or tournaments. I understand that the program will have competent supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this activity involves risk of injury. I hereby grant consent for coaches, chaperones, staff members and/or adult volunteers under whose auspices the program will be conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the season including any necessary transportation, if provided by coaches, chaperones, staff members or adult volunteers. I release and hold harmless from all liability, any said coach, chaperone, staff member and/or adult volunteer, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above named young person. In case of accident, injury or loss neither my family nor I will hold the diocese, the place where the event is conducted, the group sponsoring the event nor any parish or affiliated organization associated with the event, responsible or liable.

MOTHER/GUARDIAN: _____

FATHER/GUARDIAN: _____

ADDRESS: _____

PHONE: (Home) _____

(Dad's Cell) _____

(Mom's Cell) _____

E-MAIL ADDRESS:

Dad _____

Mom _____

ANY KNOWN MEDICAL PROBLEMS: _____

T-SHIRT SIZE: YS YM YL AS AM AL AXL

ELEMENTARY SCHOOL: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____