

2018-2019 Strongsville Recreation Mustang Wrestling Club Registration



- Who:** Boys and Girls ages 5-13 (Grade K through 6th grade)
- Season:** November 5th through February
- Where:** Strongsville High School Wrestling Room, 20025 Lunn Road, Strongsville OH
- Schedule:** Wrestling practice starts on November 5th in the High School Wrestling Room. Practices will be held Monday through Thursday, and some Saturdays. Practice days will be determined by your experience level, most wrestlers will practice 2 days a week, some will practice 3 to 4 days a week. Competition will be Saturdays and/or Sunday mornings starting in late November-through February.
- Fee:** **First Time Wrestler Prices:** Members \$50, Non-Members/Residents \$55, Non-Members/Non-Residents \$65
Returnee Price: Members \$80, Non-Members/Residents \$85, Non-Members/Non-Residents \$95
Fee Includes: Singlet, instruction, Ohio Youth League membership, competitions, referee fees, dual meets, tournaments, trophies and other events. Practice shorts and t-shirts, sweat pants, and hoodies will be available for purchase as optional uniform items.
- Coaching:** Coaching will be suited to each individual's level of experience. Basic fundamentals to competitive instruction will be provided.
- Eligibility:** We have changed the minimum age to 5, for wrestlers with no experience. If you have wrestled with us in the past and are under seven you are encouraged to join us again, the new rule is only for new wrestlers with no experience. **Age exceptions will be evaluated on an individual basis by the coaches.**
- Registration:** Bring the attached registration form with payment to the front desk of the Strongsville Recreation Department prior to October 22nd. Bring your wrestler to the orientation meeting so he can be fitted for uniform items.

PARENTS' ORIENTATION MEETING: **MONDAY, 10/22 FROM 7:00 – 8:30 P.M. IN EVENT CENTER OF THE STRONGSVILLE RECREATION DEPARTMENT**

The purpose of the orientation is to introduce the program, meet the coaching staff, get accurate sizes for uniform items, discuss the upcoming schedule and answer any questions you might have. If you have questions prior to the parent orientation, please call Jason Keppler, 440-580-3260.

2018-19 MUSTANG YOUTH WRESTLING REGISTRATION



Wrestlers Name _____ Date of birth _____ Weight _____
Address _____ Grade _____
Phone (home) _____ Phone (cell) _____ email _____
Willing to volunteer (if so please fill out a volunteer application): YES NO
Years of Experience _____ Parents Name(s) _____
Emergency Contact Name and Number _____
Medical History: Allergies, medications taken, and any physical impairment to which the coaches or a physician should be alerted to (will be kept confidential):

WAIVER :

The undersigned, being a parent or legal guardian of the above named child who has registered in a City of Strongsville Recreation program, hereby gives approval to his/her participation in the activity of the Recreation program set forth above during **2018/19**.

In consideration of the City of Strongsville and the Recreation Department granting permission to my child to engage in such recreational activity, the undersigned on my own behalf and on behalf of the minor child does hereby waive, release, save, and hold harmless and indemnify the City of Strongsville, the Recreation Department, their officers, organizers, employees, agents, sponsors, and persons transporting my child to or from such recreational activity for any or all claims for damage for personal injury to my child or loss of property which may be caused by an act or failure to act on the part of the City of Strongsville, the Recreation Department, their officers, organizers, employees, agent, sponsors, and persons transporting my child to or from such recreational activity.

The undersigned further assumes the risk of all dangerous conditions in and about the City of Strongsville and its Recreation Department property both real and personal and waives any and all specific notice of the existence of such dangerous conditions, if any.

(Parent/Guardian Signature)

(Date)