



Hilton Varsity Wrestling
2014 NYSPHSAA, Section V DI, and Section V AA Champions

Yianni Diakomihalis
2x NYS Champion
Current Hilton Wrestler



HILTON JR. CADETS YOUTH WRESTLING

**Registration @ Merton Williams Middle School
Monday, December 1st @ 6pm**

You can register in person on the date above, or by mail to the address below:

*Coach Yockel
343 North Ave
Hilton, NY 14468*



Ready for the 2014-2015 season?
Registration is \$50 per wrestler and includes a T-shirt and a NYWAY Insurance card. Wrestlers will have the opportunities to wrestle in many youth tournaments, as well as receive instruction from multiple former and current Hilton standout wrestlers!

**Practices start
December 2nd**

**Practices are every
Tuesday and
Thursday through
March**

**\$50 per wrestler
Grades 2 - 8**

**Come be part of one
of New York State's
most successful
Wrestling programs!**

**Practices are held at
Merton Williams Middle
School in the MIR
200 School Lane
Hilton, NY 14468**

FOR MORE INFO:

Call either:
Coach Joe Yockel
615-0026
Coach Brandon Yockel
313-0465
Coach Craig Gross
721-3657

**Hilton Youth Wrestling Club
2014 -2015 Season
Registration Application**

WRESTLER'S NAME: _____

Birthdate: ____ / ____ / ____ Approximate Weight: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Years Experience: _____ T-Shirt Size: _____

Physical Limitations or Allergies: _____

1. Parent's Name _____ Mother / Father / Legal Guardian (circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

2. Parent's Name _____ Mother / Father / Legal Guardian (circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

In case of emergency, we will first contact the guardians listed above. In the event that you cannot be reached, please provide one additional emergency contact:

Name: _____ Relationship: _____ Phone Number: _____

Do you currently have Health Insurance for this child? Yes No (circle one)

Insurance Carrier: _____ Policy Number: _____

We ask that all children under the age of 8 be accompanied by a parent or guardian at all times

****Please make checks payable to: *Hilton Youth Wrestling*****

Waiver and Order: In consideration of your acceptance of this application for membership, I hereby, for my child and myself, release Hilton Youth Wrestling Club, its personnel, members and agents, as well as the Hilton Central School District and all individuals affiliated with the school district from any claims, liabilities, or rights to damages for any injury, loss, illness, or death that may be caused in conjunction with our participation in the club and its practices, activities, and events. I will be responsible in full for the welfare of my child and myself. I furthermore allow the Hilton Wrestling Club to take and release photographs and names to the media for purposes of publicity, including but not limited to local newspaper and youth wrestling websites.

Parent/Guardian Signature