



Yianni Diakomihalis  
4x NYS Champion  
2x Cadet World Champion  
Current Hilton Wrestler



# HILTON JR. CADETS YOUTH WRESTLING

You can register in person at the first practice, or by mail to the address below:

*Coach Yockel*  
343 North Ave  
Hilton, NY 14468

Ready for the 2016-2017 season?  
Registration is \$60 per wrestler and includes a T-shirt and a NYWAY Insurance card. Additional siblings are \$40 per sibling. 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 6th**

**Practices are every  
Tuesday and  
Thursday through  
March, 6 – 7:30 pm**

**\$60 per wrestler  
Grades 2 - 6**

**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, text, or email any of:  
Coach Joe Yockel

615-0026

jyockel99@gmail.com

jyockel@hilton.k12.ny.us

Coach Brandon Yockel

313-0465

yockel.brandon@gmail.com

Coach Craig Gross

721-3657

cgross@hilton.k12.ny.us

**Hilton Youth Wrestling Club  
2016 - 2017 Season  
Registration Application**

**WRESTLER'S NAME:** \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approximate Weight: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ Years Experience: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL  
AS AM AL XL

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