



Spencerport Jr. Rangers  
**Grizzly Team**  
Youth Wrestling Club  
2017



Grizzly Team provides an elevated level of training for youth wrestlers in a stimulating and competitive environment. During practice wrestlers receive technique instruction as well as conditioning drills and live wrestling. Grizzly Team aims to enhance the physical and mental preparation needed for competition and assist wrestlers as they move to the next level. Registration is open to both Spencerport and non-Spencerport residents.

**Logistics**

- Practices are held Tuesdays & Thursdays March 14<sup>th</sup> - May 4<sup>th</sup> in Cosgrove Middle School Gym #2 from 7:15 to 8:30 pm
- Membership for the Grizzlies includes: Technique instruction, drills, live wrestling, club shirt, and insurance
- Dual meets and tournaments dates TBD (tournament registration fees are not included in club membership)

**Membership Fee: \$100.00**

2 Payment Options:

1. Full payment due by 3/14/16
2. \$50.00 due by 3/14/16 and balance due on 4/13/16
3. Family discount: Register 2 kids for \$150, 3 for \$175

**Questions?** Contact Coach Dan Glover at [dglover@spencerportschools.org](mailto:dglover@spencerportschools.org) Checks made payable to: Spencerport Jr. Rangers Wrestling. Mail payment and completed registrations forms to: Spencerport Jr. Rangers, 23 Ashview Dr, North Chili NY 14514

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

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

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

Home 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): \_\_\_\_\_

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 cannot 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_