



2021-2022

Spencerport Jr. Rangers Wrestling



Beginning in 1994, Jr. Ranger Wrestling has introduced over 1,400 kids to scholastic wrestling. Many Jr. Rangers continued on to be members of Monroe County, Section V and NYS championship teams at Spencerport High School.

- Practices are held Mondays & Thursdays: November 29th - January 27th in Spencerport High School Wrestling Room from
 - Grades K – 3: 6:00 to 7:15 pm
 - Grades 4 – 6: 7:30 to 8:45 pm
- Open to Spencerport & non-Spencerport residents
- Membership includes: Technique instruction & drills, live wrestling & club shirt
- A valid NYWAY insurance card is required for club participation
 - <https://www.nyway.org/individualmembership>
- NYSPHSAA COVID Protocol: Masks must be worn for all indoor sports & spectators

Registration Fee: \$50.00

- Send registration form and club fee to: Spencerport Jr. Rangers, 23 Ashview Dr, North Chili NY 14514
- Checks made payable to: Jr. Rangers Wrestling
- Walk in registrations are welcome

Questions? Contact Coach Dan Glover at dglover@spencerportschools.org

Wrestler's Name: _____

Address: _____

City, State, Zip: _____

Home/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: ____ / ____ / ____