

# WAYNE WRESTLING CLUB

Sponsored By  
The Wayne Wrestling Booster Club  
**WINTER REGISTRATION FORM**

What: This is for wrestlers in grades K through 6. The club will be conducted and supervised by the Wayne Wrestling Club coaching staff and guest clinicians.

When: This session will be **December 8th through February 24<sup>th</sup>**

Grades 3-6 will practice **Wednesday** nights 7:30-9:00 pm

Grades K-2 will practice **Thursday** nights 5:30-7:00 pm

Advanced will be assigned a separate night at a later date.

*\*There will be a GRYWL travel team if we gain enough interest. There will also be opportunities for weekend competitions, both carry additional fees.\**

Where: All practices will be held in the Wayne Middle School North Gym. In order to create a good teaching/learning environment, parents will be permitted in the practice room for the first and last training sessions only. Please remember to "let the coaches coach and the wrestlers wrestle!" Please send your child to practice with a water bottle, wrestling shoes, and a mask.

Cost: Wayne Students = \$30. Non-residents = \$35. The cost to register a second sibling is \$15.

Registrations will be held on: Wednesday Nov. 17<sup>th</sup> from 7:30 - 8:30 pm **AND** Thursday Nov. 18<sup>th</sup> from 7:30-8:30 pm in the Middle School North Gym

**Please DO NOT send your registration to school with your child.**

For questions – Please Contact Brad Mayville at btm5788@rit.edu

MAKE ALL CHECKS PAYABLE TO: "WAYNE WRESTLING CLUB"  
ALL RETURNED CHECKS WILL CARRY A \$25.00 RETURNED FEE

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Shirt Size:              Youth: XS   S   M   L   XL      Adult:   S   M   L   XL   XXL

Please list any medical conditions that may affect participation: \_\_\_\_\_

Please list your medical insurance carrier and policy number: \_\_\_\_\_

Waiver for Participation:

I understand that wrestling is a contact sport and that there is a risk of injury. I acknowledge that the Wayne Wrestling Booster Club and the Wayne Central School District does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for my child. I agree to hold the Wayne Wrestling Booster Club and the Wayne Central School District, its employees, officials and volunteers harmless for any accident, injury or other cause of action occurring while my child participates in the program.

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Parent or Legal Guardian Signature

Date