

2022 AGOGE SPRING WRESTLING

All Greater Orleans Genesee & Erie

April 19th-May 26th

Weekly Days of Instruction & Live Wrestling
At Lyndonville High School

Every Tuesday & Thursday 7:00pm-8:30pm

- 12 Days of Live Wrestling & Drill
- Weekly Clinicians

\$75 Club Fee



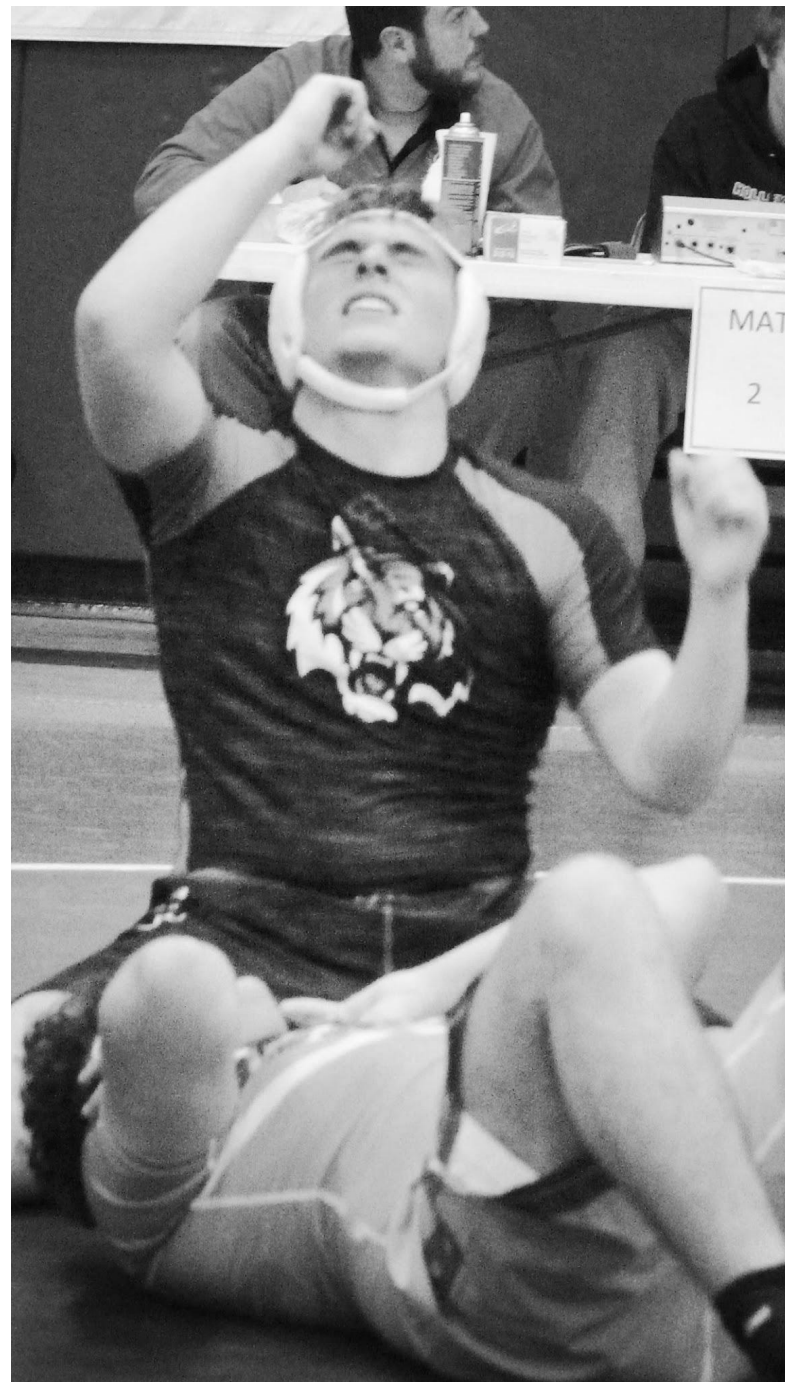
- Wrestlers are expected to have a NYWAY Card
- Add \$25 w/o NYWAY
- Family/Club Discounts (\$25 off)

Clinicians/Staff

- Collegiate Coaches & Former Wrestlers
- Former NCAA & NYSPHSAA Champions & Placers

Event Address:
25 Housel Ave
Lyndonville, NY 14098

Joe Suhr
585-281-4854
josuhr@lcsdk12.org



AGOGE WRESTLING CLUB APPLICATION

Name: _____

Age: _____ DOB: _____

NYWAY Card? _____ Yes - Card No. _____

_____ No (Additional Fee of \$25)

Address:

City: _____

State: _____ Zip Code: _____

Phone: _____ Grade: _____

Email:

School: _____ Exp: _____

Emergency Contact: _____

EC Phone: _____

T-Shirt Size: YM S M L XL XXL 3XL

Singlet Size: YM S M L XL XXL 3XL

Please enclose Payment: Cash Check (To: Joe Suhr)

Consent Form

I hereby give my permission for _____ to participate in the Agoge 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, skin conditions, contact with other participants, the effects of the weather, traffic, and other reasonable risks and conditions associated with the sport. All such risks 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 Agoge Wrestling Club, Lyndonville School District, the organizers, and the supervisors and any and all of them.

Parent/Guardian's Signature:

Date: _____

Emergency Contact: _____

Emergency Phone: _____

Forms/Checks to: Joseph Suhr
1644 Woodworth Rd.
Lyndonville, NY 14098

