

COME JOIN

“The oldest sport in the world”



The program will place emphasis on skill development, sportsmanship and fun!

“Technique taught will cover every aspect of wrestling which include the basic fundamentals, to some advanced skills, and match strategies that are taught and reviewed follows the Canandaigua Varsity Wrestling Program System”

Canandaigua Area Wrestling

Tuesday & Thursday Nights

6:15 p.m.-7:30 p.m.

**Pre-registration Nov. 15th & 16th*

Or During the first week of practice

First Practice November 30, 2010



**Canandaigua Academy
Wrestling Room**

Sponsored by:
City of Canandaigua
Parks & Recreation Department



General Information

- ◆ First Practice November 30, 2010
*Pre-registration Monday Nov. 15th & 16th
6 p.m. – 7 p.m. @ Academy Main Gym Entrance or
City of Canandaigua Parks & Recreation (City Hall) or
During the first week of practice.*
- ◆ Tuesday & Thursday Nights at the
Academy for Intermediate/Advanced
Level.
- ◆ Time: 6:15 – 7:45 p.m.
- ◆ Registration Fee: \$55 per Wrestler
(\$20 for additional family members)



Program Includes;

- ***Program T-Shirt***
- ***Singlet's (used for tournaments)***
- ***Membership with Finger Lakes
Youth Wrestling League***

Checks Payable to:

"City of Canandaigua"

For More Information:

- Coach Romeo at school call 396-3920,
cell phone, (585) 414-6863 or
e-mail romeo68@frontiernet.net
- Katie Outhouse at the City of Canandaigua,
396-5080

Katie.Outhouse@CanandaiguaNewYork.gov



Registration Form Canandaigua Area Wrestling

Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents Name(s): _____

E-mail Address: _____

Check Here ____ if interested in participating as a volunteer coach
(Contact Rich Romeo at (585) 414-6863, or e-mail romeo68@frontiernet.net)

YWC20 \$55 (additional family member(s) \$20)

T-Shirt Size (circle one) YM, YS, AS, AM, AL, AXL

I approve of my child's attendance at the Canandaigua Area Wrestling Camp and certify that he is in good health and able to participate in the above named camp. I authorize the staff of the Canandaigua Area Wrestling Camp to act for me according to their best judgment in the case of an emergency requiring medical attention, and hereby agree to hold Canandaigua Camps and the City of Canandaigua and all of its employees harmless for any personal injuries which might occur during participation, including the entirety of the facility and adjoining grounds where the camp is held. I understand that I am responsible for maintaining health insurance to cover emergency, hospital or medical expenses. I understand that refunds are to be determined by the camp director. I also authorize the use of my son/daughter's likeness in photographic, electronic or other recording media for publication.

Insurance Company: _____ Policy Number: _____

Parent/Guardian Signature _____ Date _____

Mail Registration to: Katie Outhouse
2 North Main Street
Canandaigua, NY 14424