St. Joe's 2018 Fall Pre-Season Wrestling

For boys entering grades 1 – 12 in Fall 2018
August 28 – October 25
6 – 7:30 p.m.

ST. JOE'S FALL PRE-SEASON WRESTLING OBJECTIVES:

1. Provide instruction by professional coaches
2. Utilize a safe & clean environment
3. Develop advanced wrestling skills
4. Prepare for the 2018-19 competition season
5. TO HAVE FUN!

All instructional sessions will take place in the St. Joe's Auxiliary Gym, home of the St. Joe's Marauder Wrestling Team. Train in one of the finest facilities in the region!

The fee of $25 includes 13 instructional sessions. Each session will include warm-up exercises, technique demonstration, drilling and live wrestling.

TRAINING CALENDAR: 6 – 7:30 p.m.

August 28 ● August 30
September 4 ● September 6
September 11
September 18
September 25 • September 27
October 4
October 11
October 16 ● October 18
October 25
No workouts on 9/13, 9/20, 10/2, 10/9 or 10/23

EQUIPMENT:

All club members must have a t-shirt, shorts and sneakers *or* wrestling shoes for every session. Parents are welcome to attend all sessions.

ALL TRAINING SESSIONS HELD AT:

St. Joseph's Collegiate Institute – Auxiliary Gym • 845 Kenmore Ave. • Buffalo, NY 14223
Enter at Door #12 from the back parking lot across from the Robert T Scott, AFSC Athletic Complex

Contact Head Wrestling Coach Pete Kennedy at 874-4953 with any questions.

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PLEASE COMPLETE AND RETURN THIS FORM WITH A CHECK FOR $25 MADE PAYABLE TO ST. JOE'S
Mail to Pete Kennedy – Director of Admissions, 845 Kenmore Ave., Buffalo, NY 14223

Name_____ _____

Address_____ ___ **City**_____ **Zip**_____

Home Phone_____

Emergency Contact _____ **Phone**_____

Age_____ **Date of Birth** _____ **Grade**_____

Current School_____

Parent E-Mail_____

Consent to Treat and Release: I hereby give permission to the officers, employees, agents, and staff of the St. Joe's Fall Preseason Wrestling Camp(s) to take whatever action is necessary for the health and welfare of my son including consenting on my behalf to any and all medical treatments, procedures, operations and/or hospitalizations. I further agree to hold St. Joe's and the aforementioned staff members harmless, indemnify them for all medical bills incurred for the treatment of my child, and release them from liability for any injuries incurred by my son while attending the St. Joe's Fall Preseason Wrestling Camp(s) I also agree to allow St. Joseph's Collegiate Institute to use my child's image (photograph) for promotional purposes. These may include, but are not limited to, brochures, posters, the St. Joseph's Collegiate Institute website, and social media accounts.

Parent/Guardian (Print Name) _____

Parent/Guardian Signature_____ **Date**_____

Contact Director of Admissions Pete Kennedy at 716-874-4953 with any questions.