# *EAGLE WRESTLING CLUB*

The Eagle Wrestling Club (EWC) is embarking on its Fourth annual winter wrestling season for boys and girls ages 5-14.  The season begins December 5th and ends in February. Children will be grouped by age, weight and experience. Everyone participates. Children learn at their own pace. EWC wrestlers will have the opportunity to participate in open youth invitational wrestling tournaments throughout Monroe County.

Program Details

| | |
|---|---|
| **Where?** | The **EAGLE WRESTLING ROOM** at the Irondequoit High School |
| **Equipment**. | Club Members must wear gym shorts, athletic pants or sweats and t-shirt. No buttons or zippers. Wrestling shoes recommended, but not required. |
| **Requirements** | Personal Medical insurance. |
| **When?** | Sessions begins December 5th and ends in February. Practice is Tuesdays and Thursdays, 7:15-8:15 PM. We realize most athletes will not be able to attend every session but we hope for exceptional attendance. |
| **Cost** | **$50**. Includes EWC T-shirt, and entrance into the EWC youth Wrestling Club tournament. |
| **How to register** | Sign up in person on Tuesday November 28th 7:30PM at the Connorton Gym / Eagle Wrestling Room, Room 2085, Second Floor Irondequoit High School. Or send your completed information form and a check made payable to **Irondequoit Wrestling to** the following address; |

**Keith Jarrell
444 Barry Rd
Rochester NY 14617**

## Registration is limited to 45 participants. Register early.
.

## Information Form

Insurance information will be handed out your first night of the season, which will require parent or legal guardian signature.

Name————————————————————————————————— School Grade——————————

Address:_____

City/Town:
_____

Home Phone:                                      Emergency Phone:
_____                _____

Date of Birth:                            Age: _____                    Shirt Size   YS, YM, YL, AS, AM, AL
_____

EMAIL  Address _____

I (**PLEASE PRINT**, Parent or Guardian) _____ do hereby assume all risk and hazards incidental to the conduct of this youth wrestling program. I further release, absolve, indemnify, and hold blameless the Eagle Wrestling club and the West Irondequoit School district, and all personnel associated with its operation.
In addition, I(Parent or Guardian signature)    _____
confirm that my child has **medical insurance** and will be responsible in full for the welfare of the above named child.
.

Visit www.armdrag.com for the most updated information for Wrestling in Monroe County.