

JR Comets Wrestling Club



November 7, 2017: Registration (in CCHS wrestling room)

6PM- 1st & 2nd Grade

7PM 3rd thru 6th grade

1st Day of Practice is Tuesday November 7 after registration

Practice: Tuesdays & Thursdays. Some Wednesdays & Fridays
Nov 7 thru Feb 11th

Times: 6:00 -7:00PM 1st & 2nd grade
7:00-8:30 PM 3rd thru 6th grade
*Times subject to change depending on enrollment

Location: Central Crossing High School Wrestling Room

Cost: \$125.00 (Checks should be made out to Central Crossing Athletic Boosters)
(\$75 for 2nd child \$50 for 3rd child)

* The fee includes insurance, 3 months of instruction, a t-shirt, shorts and membership in the Russ Hellickson Youth League with competitions on Sundays.

T-Shirt Size (circle one): YS YM YL S M L XL

Short Size (circle one): YS YM YL S M L XL

Uniform: T-shirt and shorts are required for practice.

Wrestling Singlets: Are not required but are available for order at additional costs

Competition: 5 Tournaments held on Sundays starting in January at various sites

Coaches: Central Crossing Coaching Staff & Varsity Team

League Meets: Sites to be determined

January 7, 2018 1PM @ TBD

January 14, 2018 1 PM @TBD

January 21, 2018 1 PM @ CCHS

January 28, 2018 1 PM @ TBD

February 11th, 2018 -League Championship (Dublin Scioto H.S.)

Wrestler Registration Form (Please print)

Name _____ Grade _____ Age _____

Date of Birth _____ School attends _____

Parents Name _____ Phone _____

Address: _____

E-mail address _____

Medical Waiver

In consideration for my (our) sons/daughters participation in the Jr Comets Youth wrestling Program, I hereby agree and promise that I will not hold the Coaches, the Southwestern City School District or its employees responsible for any loss, damages or personal injuries that my child may receive as a result of said participation. In the event of an injury, if attempts to contact me or my spouse, at the above phone numbers are unsuccessful, I give my permission for my child _____ (name) to be transported to the _____ (Hospital of Choice) Emergency Room and for him to be treated by the medical staff of the facility. I confirm that my child is physically fit to participate in the vigorous activities of this club. I further give my permission for him to participate in the club and agree that he is adequately covered by medical insurance.

_____ Signature of parent / guardian

Any further questions, please contact Coach Ramirez at Jamie.Ramirez@swcsd.us

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COMETWRESTLING.COM