

JR Comets Wrestling Club



Tuesday, November 17, 2020: Registration & First Day of Practice

6PM- 1st & 2nd Grade

7PM- 3rd thru 6th grade

**Please arrive early the first day so we can register your child and start practice on time.*

Practice: Tuesdays & Thursdays. Some Wednesdays & Fridays
Nov 17 thru Feb 11

Times: 6:00 -7:00PM 1st & 2nd grade
7:00-8:15 PM 3rd thru 6th grade
**Times subject to change depending on enrollment*

Location: Central Crossing High School Wrestling Room

Cost: \$150.00 (Checks should be made out to Central Crossing Athletic Boosters)
(\$100 for 2nd child \$75 for 3rd child)

** The fee includes insurance, 3 months of instruction, a t-shirt, shorts*

** There will be no refunds if our season gets shut down early from covid.*

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-shirts and shorts are required for practice.

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

Competition: *There will be no league tournaments this season*

**We will try to schedule dual meets when possible with other teams*

Coaches: Central Crossing Coaching Staff

Wrestler Registration Form (Please print)

Name _____ Grade _____ Age _____

Date of Birth _____ School attends _____

Parents Name _____ Phone _____

Address: _____

E-mail address _____

You must complete a Covid Sports Waiver form as well before your child can attend any practices.

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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