

# Algonquin Youth Wrestling Clinics

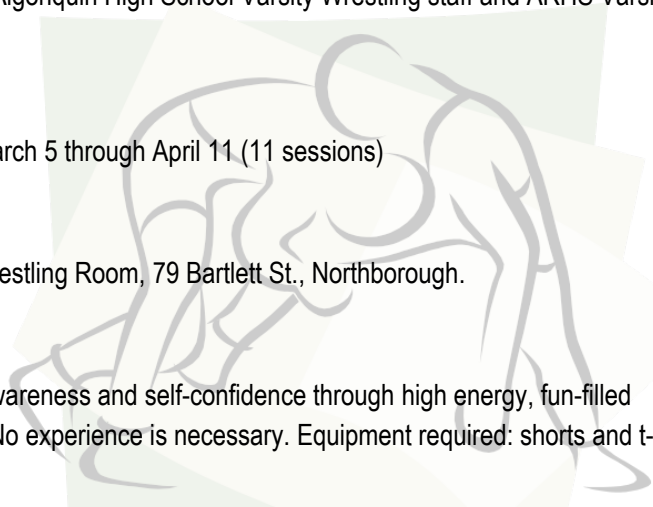
*Guaranteed to be a Blast or Your Money Back!*

**Who** - 4<sup>th</sup> – 8<sup>th</sup> Graders. Sessions will be run by the Algonquin High School Varsity Wrestling staff and ARHS Varsity wrestling standouts.

**When** - Tuesdays & Thursdays, 6:30pm – 8:00 pm, March 5 through April 11 (11 sessions)

**Where** - Algonquin Regional High School (ARHS), Wrestling Room, 79 Bartlett St., Northborough.

**Why** - Develop balance, flexibility, coordination, body awareness and self-confidence through high energy, fun-filled sessions where your child will learn amateur wrestling techniques. No experience is necessary. Equipment required: shorts and t-shirt and wrestling shoes (headgear is optional).



## Clinic Application

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt for each participant! Size: ADULT (please circle one):      Sm      Med      Lg      XL

*I, Parent/Guardian agree, by enrolling my son/daughter, that he/she is physically and mentally able to participate in all of the clinic's activities. In case of medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for the child. I understand that my medical insurance is expected to cover my child for injuries. I agree not to hold the ARHS Wrestling Clinic, its management and staff, and/or ARHS, its management and staff, responsible for any athletic, dental, or bodily injury that may occur to my son/daughter while attending clinic. I realize and acknowledge that ARHS is not sponsoring this Wrestling clinic.*

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Parent or Guardian Printed Name)

TUITION: \$75 registration (Checks payable to ARHS Wrestling Boosters). **MAIL by Feb 24<sup>th</sup>** to: Katarina Wrin, Wrestling Boosters Rep., 67 Pine Hill Rd, Southborough, MA 01772. Any questions, contact Katarina Wrin at wrinkat6@aol.com or 508-879-0001.

**Please note any medical conditions that may affect your child's participation on reverse side of this form.**