

# Algonquin Youth Wrestling Clinics

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

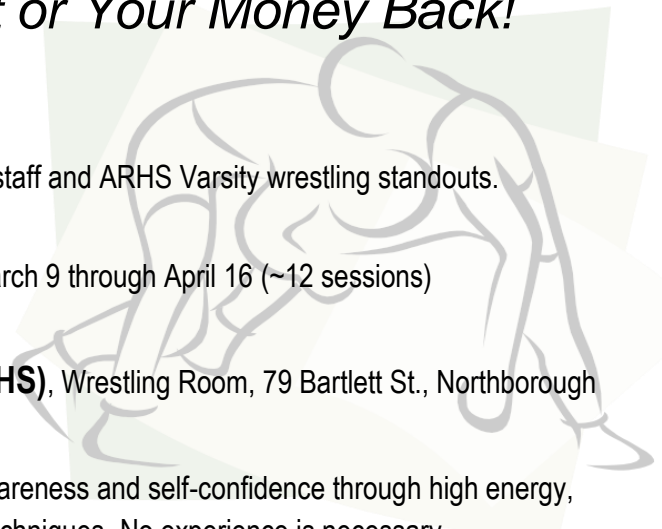
■ **Who** 4<sup>th</sup> - 8<sup>th</sup> Graders

Sessions will be run by Algonquin High School Varsity Wrestling staff and ARHS Varsity wrestling standouts.

■ **When** Monday & Thursday, 6:30pm – 8:00 pm, March 9 through April 16 (~12 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 (wrestling shoes and headgear recommended).



## Clinic Application

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

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

Phone (home) \_\_\_\_\_ Parents Cell \_\_\_\_\_ Age \_\_\_\_\_

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

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

**Free 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)

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

**TUITION: \$75** (payable to ARHS Wrestling Boosters)

Mail registration forms and checks to:

Eileen Cozzolino, Wrestling Boosters Rep., 9 Walnut Drive, Southborough, MA 01745

If you have any questions please contact Eileen Cozzolino at [YouthWrestlingARHS@gmail.com](mailto:YouthWrestlingARHS@gmail.com) or 508-808-1228