

# Algonquin Youth Wrestling Clinics

*Great opportunity to try out a great sport!*

## Who

4th-8th Graders

Sponsored by Brian Kramer, Algonquin Varsity Wrestling Coach and the Varsity Wrestling Team

## When

Tuesdays & Thursdays, 6:30pm – 8:00 pm,  
March 8th through April 14th (~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, t-shirt and wrestling shoes.

## Put What you Learn into Action!

The Algonquin Youth Wrestling team is a member of the Massachusetts Youth Wrestling Association. The Spring Clinics are purely instructional. Winter clinics offer the chance to participate in tournaments and jamborees.

**REGISTER BY MARCH 5TH. COST OF CLINIC \$75**

*All proceeds benefit the ARHS Varsity Wrestling Team*

# Algonquin Youth Wrestling Clinics

## Spring Clinic Application 2016

Name \_\_\_\_\_

M      F      Age: \_\_\_\_\_      Grade \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Phone(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

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

**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. ARHS Wrestling Boosters is fully affiliated with ARHS General Boosters.*

\_\_\_\_\_ (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** (Checks are payable to ARHS Wrestling Boosters). Deadline March 5th, 2016

**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 or 508-808-1228**