Wrestling Boosters is fully affiliated with ARHS General Athletic Boosters

Who: 5th through 8th grade students of Northborough and Southborough.

**What:** Introduction to wrestling teaching the fundamentals to this all-American sport. No experience necessary. Equipment required: shorts, t-shirt, headgear and wrestling shoes.

When: Tuesday & Thursday, 6:30pm – 8:00 pm, December 5th through February 22nd. (~23 sessions)

Where: Algonquin Regional High School, 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.

## 2017 Registration Form

Student Name				<u>M</u>	F
Date of Birth_	Gra	de			
Parent or guardian phone					
Address	Tov	/n			
Email (please print clearly)					
Free T-shirt for each participant! Size: ADULT (please circle on	e): Sm M	Лed	Lg	XL	
<b>TUITION: \$125</b> (payable to ARHS Wrestling Boosters) Mail registration form and check to: Susan Mahoney, Wrestling Boosters Rep., 14 Sarsen Stone	Way, Southborough	, MA 0	1772	2	
I, Parent/Guardian agree, by enrolling my son/daughter that he/she is physically and medical emergency and I cannot be reached, I hereby give permission to the physic for the child. I understand that my medical insurance is expected to cover my chanagement and staff, and/or ARHS, its management and staff, responsible for an while attending clinic. I realize and acknowledge that AR	an selected by the staff to a ild for injuries. I agree not to athletic, dental, or bodily	hospitaliz o hold the injury tha	e and ARH t may o	secure me S Wrestlin	edical treatme g Clinic, its
arent or Guardian signature and date)  (Parent or Guardian signature and date)  (Parent or Guardian signature and date)  (Parent or Guardian signature and date)			ian printed rame)		