MILLER PLACE KID WRESTLING

Dates: Every Monday and Thursday. Dec 4th-February 29th

Ages/Times: 1st-3rd Grade 5:30-6:30, 4th-8th Grade 6:30-7:30

Location: MPHS Wrestling room (back parking lot, look for the signs on the door)

Cost: 1 Child- \$85, 2 Children- \$75 per, 3 Children or more- \$60 per

Venmo: @MPAACamps

(please make sure you include your child's name and that it's for wrestling in the venmo)

Cash or Checks made out to MPAA

Description: The goal of Miller Place Kid Wrestling is to get kids to develop a love for the sport of wrestling and gain the valuable life skills it provides along the way. We focus on fundamentals, technique, physical fitness, games, selfconfidence, self-esteem and being part of the Miller Place Wrestling family. Please register @MILLERPLACEWRESTLING.COM

Guidelines: There are no outside shoes allowed in the room. Volunteer coaches only in the room during either practice session (1st-3rd and/or 4th-8th grade).

We would love to have more parents involved and coaching. Anyone that is interested in becoming a coach please contact Coach Kaszubski @mkaszubs@millerplace.k12.ny.us.

T-shirts, Shorts and Singlets will be made available for order Via a teamstore in the beginning of December. There will be no practice when school is not in session!

All wrestlers must purchase a USA wrestling membership for insurance purposes (Limited Folkstyle \$17). Please go to usawmembership.com and follow the instructions. No club needs to be checked.

PLEASE REGISTER AT MILLERPLACEWRESTLING.COM or Fill out the form below and hand it in at practice.

WRESTLER'S NAME

GRADE USA CARD # (email coach the # later if you don't have one yet)

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness, or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event, including tripping, slipping, falling, colliding with another individual or object on or off the club premises. You hereby agree to waive any claims or rights that you might otherwise have to sue the Miller Place Takedown Club, Miller Place UFSD, or employees, owners, officers, or agents for any injury, illness, or skin infections that may occur. You understand that we will make no evaluation or recommendations as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental conditions that may impair his/her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

PARENT/GUARDIAN NAME SIGNATURE:

PHONE NUMBER: EMAIL

EMERGENCY CONTACT_

