



Learn to Wrestle. For Real.

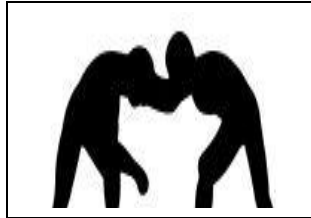


www.citykidswrestling.org

• Cost: \$30

You will receive 15 raffle tickets you can sell for \$2 each. Cost includes USA or USA League insurance card.

- Boys & Girls 1st to 8th grade:
- Scholarships available for students who are eligible for free or reduced school lunch



- Tournaments and/or Scrimmages with other wrestling clubs;
- STARTS: Jan 3 ENDS March 31
- A parent/guardian MUST attend a practice before a wrestler can participate.
- \$20 for new wrestling shoes (\$45 to \$100 value)

Bradley Tech (700 S. 4th St.): Tuesday & Thursday: 6:30 to 8pm

Mail check and registration to:
(check payable to CKWC)
OR TURN FORM IN AT SITE

Or mail to: City Kids WC
2207 E. Ivanhoe Pl.
Milwaukee, WI 53202

For Additional Information Call:
Cory Husher @ (414) 213-4088 or
Roger Quindel @ (414) 651-4820

CKWC is supported by funding by the Milwaukee County Sports Authority, Milwaukee Public Schools Safe Schools – Healthy Kids, member fundraising or fees & private donations.

REGISTRATION

PLEASE: PRINT CLEARLY

WEIGHT _____

PRACTICE SITE: Bradley Tech (T&TH – 6:30pm to 8pm) _____

Name of Participant _____ **DATE OF BIRTH** _____

School Grade in September 2011 _____ Name of School _____ Years of Wrestling _____

Address _____ Apt. # _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Father's Name _____

OR GUARDIAN _____ **E-MAIL:** _____

Emergency Contact _____ Phone(s) _____

CKWC Waiver and Parental Release:

I, the undersigned, **parent/guardian** of _____ (participant's name) on _____ (today's date) release the City Kids Wrestling Club, Inc. (CKWC) and their partners and all their employees, officers, and agents from all claims of damage, demands, and actions whatsoever, including costs and attorneys fees, arising out of negligence of CKWC and/or their partners in conjunction with my child's participation in practice, tournaments or wrestling camp activities. This release is given in consideration of providing supervision of my child during practice, tournaments and wrestling camps and is not limited to, my commitment to hold CKWC and/or their partners harmless from any such claims against them. I hereby submit that my child is physically able to participate in practice, tournaments and wrestling camp activities. I understand that there are risks inherent in wrestling activities, including the risk of physical injury or death, and I assume such risks on behalf of my child. I release CKWC and/or their partners from all liability arising from the negligence of CKWC and/or their partners, their agents, officers, directors and employees if my child is injured and/or if any claims should arise out of my child's participation. I authorize CKWC and/or their partners to act for me according to their judgment in any emergency involving my child requiring medical attention. In the event of an emergency, I give CKWC and/or their partners my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I agree to pay all expenses incurred due to any emergency involving my child in conjunction with summer wrestling camp.

Parent/Guardian Signature: _____ Date: _____

Primary health insurance company: _____ Policy #: _____

For Office Use Only:

UNPAID? _____ OR AMOUNT PD _____ CASH _____ OR CHK NO _____

RAFFLE TICKETS: (\$2 EACH) TOTAL QUANTITY RECEIVED _____

NUMBERS _____ (RAFFLE TICKETS MUST be PAID for IN ADVANCE)

LEAGUE CARD: _____ USA CARD _____

SHOE SIZE _____ (\$20) PAID? _____ CASH _____ or CHECK NO _____