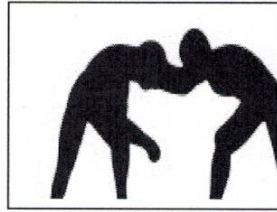


Freestyle & Greco Wrestling



www.citykidswrestling.org

- Freestyle & Greco PRACTICE \$25 for MPS students & Milwaukee & Brown Deer residents. \$50 for NON-MPS students. Bus tickets provided.
- Open to EXPERIENCED Girls & Boys in 2nd to 12th grade
- ALL PRACTICES: 7 – 8:30PM



- COACHES: JARVIS ECHOLS & JALIN CONNER & JEREMY INGRAM
- ALL PRIMARY COACHES are CURRENT college wrestlers.
- ALL CKWC coaches are licensed & background checked by USA Wrestling.
- TOURNAMENTS & DUAL MEETS Available many weekends.

PRACTICE: TUESDAY & THURSDAY - BROWN DEER HS -8060 N. 60TH ST.

ENTER: Middle School Main Entrance (small parking lot)

STARTS: MARCH 21 ENDS: MAY 25 7PM to 8:30PM

Any Questions Call: Roger at 414-651-4820 or Cory at 414-213-4088

REGISTER & PAY ONLINE: WWW.CITYKIDSWRESTLING.ORG OR PAY AT FIRST PRACTICE
SCHOLARSHIPS AVAILABLE FOR FEES & EQUIPMENT FOR THOSE IN FINANCIAL NEED.

CKWC is supported by donations, member fundraising & fees.

REGISTRATION PLEASE: PRINT CLEARLY WEIGHT _____
CHECK ONE BOX: PLEASE FILL OUT FORM COMPLETELY PRACTICES START ON TIME

Name of Participant _____ DATE OF BIRTH _____
 School Grade in September 2023 _____ 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:** _____ **USA CARD NO:** _____
 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.

Parent/Guardian Signature: _____ Date: _____

Primary Health Insurance: _____ Policy #: _____

For Office Use Only:

AMOUNT PD _____ CASH _____ OR CHK NO _____
 USA CARD _____ COST: \$40 (Secondary insurance policy & required for most tournament participation)
 SHOE SIZE _____ (\$25) PAID? _____ CASH _____ or CHECK NO _____ 2023 freestyle & greco