

WADSWORTH YOUTH WRESTLING LEAGUE



1st, 2nd, 3rd, 4th, 5th, and 6th Grade Boys



Sign-ups

WHO: Call Todd Baughman 330-334-7132
or e-mail: tbaughman3@neo.rr.com or call
John Gramuglia 330-336-7091
or email : wadc_gramugl@tccsa.net
WHEN: Thurs. October 12, 19, 26 Nov. 2, 9 Tues. Nov.14
WHERE: Wadsworth High School Wrestling Room
COST: \$60.00 per wrestler and 4 Hours of
volunteer help at two Spring FreestyleTournaments
TIME: 6:30 P.M. to 8:00 P.M.

Practices

WHEN: Begins Tuesday, November 14
(You may also Register)
WHERE: Wadsworth High School Wrestling Room
WHEN: Tues./Thurs./Sat.
WHERE: Wadsworth High School Wrestling Room
TIME: 6:30 P.M. to 8:00 P.M./Noon-1:30PM (Sat.)

Call Todd Baughman
for more info:
330.334.7132



READY
WRESTLE!

Have fun this winter
and WRESTLE!

Matches

WHEN: First Match December 3
TIME: Every Sunday for 8 weeks (times will vary)
Not a Wadsworth City School Function

Call John Gramuglia
for more info at
330.336.7091

I would like to enroll in the YOUTH WRESTLING BOYS PROGRAM.

Name _____ Age _____ Grade _____ School _____

Address _____ City/Zip _____

Phone _____ E-mail _____

Parent/Guardian names _____

I hereby desire that my son participate in the youth wrestling program. By execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the coaches and directors of this program shall be established for the athlete's benefit. I hereby voluntarily assume all risk of accident or injury to my minor which may arise out of his participation in this program, and therefore release the Youth Wrestling Wrestling Club and the personnel associated with this program from any liability that may result.

Sign up in October or November

for the

Wadsworth 2006-07

Youth Wrestling League

