WADSWORTH YOUTH WRESTLING LEAGUE

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



<u>Sign-ups</u>

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 FreestyleTournamentsTIME: 6:30 P.M. to 8:00 P.M.

Practices

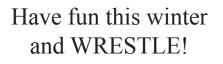
WHEN: Begins Tuesday, November 14 (You may also Register)

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





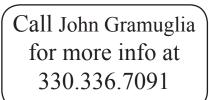


WHEN: First Match December 3

TIME: Every Sunday for 8 weeks (times will vary) Not a Wadsworth City School Function



READY WRESTLE!



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



