



MAVERICK MIDDLE SCHOOL WRESTLING CLUB

A skills based wrestling club focused on developing middle school athletes into wrestlers ready to compete at the high school level from the first day they walk into a high school practice room.

- This club will focus on developing the skills necessary to compete at state and national levels throughout their middle school and high school careers

Details: Grades 6-8 only

Club Fee: \$200 Make checks payable to The Maverick Club –Wrestling Team

- Cost Includes:
 - o USA Wrestling Card
 - Allows for entry into all USA and ISWA sponsored events
 - o Club instruction from September 31st – December 18th
 - o Coaching at Middle School State and other ISWA wrestling tournaments
- Due to limited space only the first 40 paid applicants will be accepted – Payment may be sent prior to parent meeting. Payment can be dropped off at, or mailed to McCutcheon High School – Attention Adam Metzger – only the first 40 received, paid applicants will be accepted
 - o Due to limited spots available Wrestlers will be admitted on a first come first served basis

- o Parent meeting date will September 16th at 6:30 pm in Lecture Room 2 @ McCutcheon High School – If any spots are still available you may sign up and pay at the meeting

The following must be returned with payment

Name of Athlete: _____

Parents Email Address: _____

Home Telephone: _____ Birthdate: _____

Age: _____ Height: _____ Weight: _____

Name of Father: _____ Name of Mother: _____

Emergency Telephone: _____ (during camp hours)

School: _____ Grade: _____

Shirt Size : Boys S-M-L Mens S-M-L-XL (circle one size)

PARENTAL CONSENT FORM 2019

I, _____, do hereby give written permission for my daughter/son _____ to attend the McCutcheon Middle School Wrestling Club. All risks attendant to participating in the club, including but not limited to bodily injury, are assumed by me as his Parent or Legal Guardian as indicated by the signature hereto. Should an emergency arise requiring an ambulance service I hereby give my permission for Adam Metzger, club director, or his designee to contact

_____ Hospital as deemed necessary by the situation. Our insurance coverage is through _____.

SIGNATURE: _____ DATE: _____