

New Oxford Beginning Champions Elementary Wrestling

New Oxford's Beginning Champions Elementary Wrestling program is right around the corner. Registration will be held Monday October 28th and Monday November 4th, 2019 in the Middle School cafeteria from 6:00-7:30pm. Cost is \$60 plus \$60 for a mandatory fundraiser that you can make back if you sell the tickets.

Our first practice will be Monday November 11th, 2019. We will have practices every Monday and Wednesday. There will be two practice times. Wrestler that are in grades k-2 will practice from 6-7pm. Wrestlers that are in grades 3-6 will practice 7-8pm. Practices will be held in the High School wrestling room and a few in the Junior High wrestling room.

Any questions please contact President: Darwin Weibley @ 717-818-4399, Director: Bill Laughman @ 717-968-8767 or bml2racer@gmail.com, Head Coach Brain Tomecek 717-451-3102.

Beginning Champions

Registration Form

Fee per family: First wrestler \$60 Second wrestler \$45 Third wrestler \$30

Name: _____ Age now: _____ Birth date: _____

Grade: _____ Homeroom Teacher: _____

Home Address: _____

Home phone #: _____ Mother's cell#: _____ Father's cell#: _____

Email address: _____

Name of parent/guardian: Mother: _____ Father: _____

Years experience (including this year): _____ (no 0 years)

Do you have school insurance? : _____

If no, please list insurance. Name: _____

Policy #: _____

Contact in case of emergency? Name: _____ Phone#: _____

Are you under medical treatment at this time? yes or no

If yes, please explain : _____

Are you on any medication regularly (prescription or over the counter)? yes or no

If yes, please explain: _____

Do you have other physical limitations? (Asthma, etc.) yes or no

If yes, please explain _____

We the undersigned, parent/ guardians of _____ do here by consent that _____ may participate in the athletic program of "Beginning Champions and do release the said program, its agents, coaches, volunteers, and the Conewago Valley School District, of any and all claims and demands that may occur to us as parents of our child arising from injury suffering while participating in the said athletic program. The above responds are true to the best of my knowledge. Signing this registration form, the parents have agreed to volunteer there time when assigned a position, and to participate in all of the fundraisers.

Print parent/guardian

Sign parent/guardian

T-shirt size: Youth- S M L Adult- S M L

To be filled in by the coaches:

Childs exact weight: _____ lbs. Years experience: _____ (no 0 years)

Reg. paid: yes or no