

**TRI-WEST BRUINS
WRESTLING CLUB 2014-2015**



Grades K-6

Head Coach

Scott Meyer

Any questions, please contact Scott Scott.Meyer@indy.gov or call 317-987-3613

Club Coordinator

Nick Sullivan

Any questions, please contact Nick nsully61@yahoo.com or text 317-797-3229

WRESTLING CLUB

The purpose of the wrestling club is to introduce wrestling and develop an understanding of the sport. Also, the Tri-West Club will compete in dual meet tournaments. The club will focus on technique, developing skills, and having fun! Coach Scott Meyer will be the club head coach and be assisted by the Tri-West Varsity staff and varsity wrestlers. This is the perfect opportunity to see if wrestling is right for your child. All skill levels welcome! The club is open to female wrestlers as well.

PRACTICES

Practices will be held in the wrestling room at the high school. Practices will be on TUESDAYS and THURSDAYS from 6:00-7:15pm. The club will also hold some optional practices throughout the season. The club season will run from mid-November through March.

COST

The cost of the club will be \$30 per wrestler and \$20 for each additional family member. This cost will cover club dues, insurance, and the club shirt. Please understand that individual tournaments will incur additional costs paid by the participants, typically \$10 per tournament.

USA WRESTLING CARD

Individual USA wrestling cards is mandatory for participation in the wrestling club. This will need to be obtained prior to the first event; date to be determined, but by December 1st. This is not included in the club fee. This card covers co-insurance and is required for the team as we are a charter member of USA Wrestling. This card is available on-line only. Please go to www.usamembership.com Please see the site for details.

FIRST PRACTICE AND REGISTRATION

First practice will be held on **Tuesday, November 11th**, 6-7:15pm in the wrestling room at the high school. Registration will be on-site with Coach Sullivan. Please bring this form with you and payment with checks made payable to:

TRI-WEST WRESTLING CLUB

*If you are unable to attend the on-site registration, but are still interested, please send the INFORMATION SHEET and PAYMENT to:

Tri-West Wrestling Club
Tri-West Middle School c/o Nick Sullivan
555 US Hwy 136
Lizton, IN 46149

INFORMATION SHEET

Wrestler's Name _____ **Grade** _____

Birth date: _____

Parents' Names _____

Address _____ **City** _____

ZIP _____

Phone #1 _____

Phone #2 _____

Email Address _____

Emergency Contact Person (other than a parent)

Name _____ **Relationship** _____

Phone _____

Does your wrestler have any medical conditions that need to be noted? Yes ___ No ___

(If yes, please list

below _____

I, _____, the Parent or Guardian for the above listed child give my consent to their participation in Tri-West Wrestling Camps and/or Club activities. I agree to waive any claims to Northwest Hendricks School Corporation, the Tri-West Wrestling Club, it's coaches, or other participants arising out of injury or accident to my child while participating in the program. I understand instructional camps are not governed by USA wrestling and are independent activities. I also understand that as part of ISWA sanctioned club practices and events, I must have a USA wrestling Card for my child as co-insurance, and it is the responsibility of the parent or guardian to file any claims directly with USA wrestling as per the USA wrestling membership. I give my permission for my child's name and picture to be used on the Tri-West Wrestling club website.

_____ / ____ / 2014

Filled out by Coach:

Age Division: _____

Wrestler's weight: _____

Years of Experience: _____ years

****even if your wrestler is inexperienced, this is the time to learn****

****Do not wait, be a part of the something that is building here at Tri-West****

****Shorts and t-shirts are fine for practice****

****Dual meets do require shoes, singlet, and mouth guard****