

**DAVID CITY WRESTLING CLUB
REGISTRATION
November 27th, 2018 5:30 -7:00 pm in the New Commons
JOIN THE SUCCESS!!**

David City Wrestling Club Youth registration is **TUESDAY, NOVEMBER 27th, 2018** for **ALL** youth in grades Kindergarten – 8th interested in trying wrestling. This is a unique experience for beginners and for advanced wrestlers willing to have fun a few hours a week. All youth wrestlers in grades Kindergarten – 8th will learn proper techniques and basic training strategies in the sport of wrestling as well as **GOOD SPORTSMANSHIP** and team concepts.

Each wrestler will:

- * RECEIVE A **FREE** DAVID CITY WRESTLING CLUB T-SHIRT
- * BE ALLOWED TO WRESTLE IN TOURNAMENTS OFFERING MEDALS AND TROPHIES
- * BE ABLE TO EARN MONEY TOWARDS EQUIPMENT, PAY FOR TOURNAMENTS, CAMPS, ETC.
(SEE ENTRACAMP)
- * CHECK OUT A **DAVID CITY WRESTLING CLUB GEAR** TO BE WORN **ONLY** AT TOURNAMENTS.
(GEAR MUST BE TURNED BACK IN AT THE END OF THE SEASON TO RECEIVE YOUR DEPOSIT)
- * BE ABLE TO PLAY A FEW GAMES, MAKE NEW FRIENDS, AND MOST IMPORTANTLY – **HAVE FUN!!**

REGISTRATION FEE: \$35.00 (includes **ALL OF THE ABOVE** and \$15.00 USA insurance card required for tournaments **in Nebraska**).

UNIFORM DEPOSIT: \$75.00 check/cash will be returned when the gear is returned and tournament work requirement has been fulfilled.

SIGN-UP: Tuesday, November 27th, 2018
David City Public High School Commons Area
6:00-7:00pm
Grades Kindergarten to 8th Grade

There will be a short **MANDATORY** parent meeting the first day of practice, on Thursday, November 30, 2017 at 7:15 pm to discuss any questions, meet the coaches, and to hand out information relating to practice schedules, tournaments, and work schedules for our tournament. **All parents** are required to attend this meeting before their wrestler can start practice.

If you missed registration or cannot make it please call Laurel Valentine (402) 801-1165. Online registration at <http://www.davidcitywrestling.com/>

Any questions contact:

COACH ERNIE VALENTINE (402) 801-1889 or Laurel Valentine (402) 801-1165

PLEASE WRITE NEATLY!

WRESTLER'S NAME _____ AGE _____

PARENTS/GUARDIAN NAME _____ GRADE _____

ADDRESS _____ BIRTHDAY _____

PHONE # _____ CELL # _____

SCHOOL ATTENDING _____ T-SHIRT SIZE _____

(Please indicate youth or adult size for your wrestler!)

EMAIL ADDRESS _____

LIABILITY WAIVER: In consideration of you accepting this enrollment form. I hereby for myself, my heirs, executors and administrators, waive and release the David City Wrestling Club and/or all their coaches, team members, David City Public School, sponsors and agents from any and all claims of rights for injury, damages or losses suffered by me at or in connections with the 2018-2019 David City Wrestling Club practices.

WRESTLER'S SIGNATURE _____

PARENT/GUARDIAN'S SIGNATURE _____

**MAKE CHECKS PAYABLE TO:
DAVID CITY WRESTLING 1 FOR \$35.00 AND 1 FOR \$75.00
(Deposits will be returned when all gear is returned and tournament work requirement has been met)**