

WADSWORTH YOUTH WRESTLING LEAGUE



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



Sign-ups

WHO: Call Todd Baughman 330-334-7132

or e-mail: tbaughman3@neo.rr.com or call

John Gramuglia 330-336-7091

or email : g-man@wadsworth.k12.oh.us

WHEN: Thurs. October 15, 22, 29 Nov. 5, Tues. Nov.10

WHERE: Wadsworth High School Wrestling Room

COST: \$60.00 per wrestler ((\$45.00 for a brother)

and 4 Hours of volunteer help at two Spring Freestyle Tournaments

MAKE CHECKS PAYABLE to: Wadsworth Youth Wrestling Club

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

Practices

WHEN: Begins Tuesday, November 10

(You may also Register)

WHEN: Tues./Thurs./Sat.

WHERE: Wadsworth High School Wrestling Room

TIME: 6:30 P.M. to 8:00 P.M./Noon-1:30 PM (Sat.)

Call Todd Baughman
for more info:
330.334.7132



Check web site for
more info:

wadsworthwrestling.com

Have fun this winter
and WRESTLE!

Matches

WHEN: First Match December 6

TIME: Every Sunday for 8 weeks (times will vary)

Not a Wadsworth City School Function

Call John Gramuglia
for more info at
330.336.7091

I would like to enroll MY SON in the YOUTH WRESTLING BOYS PROGRAM.

Name _____ Age _____ Grade _____ School _____

Address _____ City/Zip _____

Phone _____ E-mail _____

CHILD'S SIZE FOR LONG SLEEVE T-SHIRT: YS, YM, YL, AS, AM & AL.
(please circle one)

Parent/Guardian signature _____

I hereby desire that my son participate in the youth wrestling boys 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 Club and the personnel associated with this program from any liability that may result.



Sign up in October or November



for the

Wadsworth 2009-10

Youth Wrestling Boys League

