



**WADSWORTH
YOUTH WRESTLING**

YOUTH WRESTLING LEAGUE



**WADSWORTH
YOUTH WRESTLING**



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



Sign-ups

WHO: Contact Todd Baughman

by e-mail: BaughmanCPA@gmail.com

or call John Gramuglia 330-336-7091

or email : wadc_gramugl@wadsworthschools.org

WHEN: Thurs. October 13, 20, 27 Nov. 3, Thurs. Nov. 10

WHERE: Wadsworth High School Wrestling Room

COST: \$65.00 per wrestler (\$45.00 for a brother)

and **4 Hours** of volunteer help at two Youth Tournaments

MAKE CHECKS PAYABLE to: Wadsworth Youth Wrestling Club

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

Practices

WHEN: Begins Thurs, 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.)

E-mail Todd Baughman
for more info:
BaughmanCPA@gmail.com



Matches

WHEN: First Match December 4

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

Not a Wadsworth City School Function

This flyer is also available at www.wadsworth.k12.oh.us

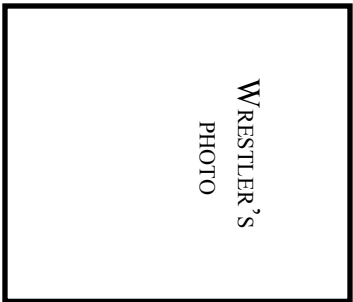
Have fun this winter
and **WRESTLE!**

Check web sites for
more info:

www.wadsworthwrestling.com
www.wadsworthyouthwrestling.org

Call John Gramuglia
for more info at
330.336.7091

WRESTLER'S
PHOTO



WADSWORTH YOUTH WRESTLING
WRESTLER INFORMATION SHEET
<http://www.WadsworthYouthWrestling.org>



YOUTH WRESTLING

Wrestler's Full Name: _____

Wrestler's Date of Birth: _____ Wrestler's Age: _____

Wrestler's Grade: _____ Wrestler's School: _____

Wrestler's preferred Contact Phone Number: _____

Wrestlers Address: _____

Medical Conditions: _____

Family Physician Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Family Dentist: _____ Phone: _____

Mothers Name: _____

Mother's Phone: _____

Mother's Email: _____

Father's Name: _____

Father's Phone: _____

Father's Email: _____

WADSWORTH YOUTH WRESTLING STAFF USE



Singlet Number: _____

Head Gear Number: _____

Weight Class: _____

Red Team: ___ White Team ___ All-Star ___

YOUTH WRESTLING