



**WADSWORTH  
YOUTH WRESTLING**

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



### Sign-ups

**WHO:** Contact Todd Baughman  
by e-mail: [BaughmanCPA@gmail.com](mailto:BaughmanCPA@gmail.com)  
or call Dave Brugh 330-730-2585  
or email : [ddbrough@gmail.com](mailto:ddbrough@gmail.com)

**WHEN:** Thurs. October 11, 18, 25 Nov. 1,8

**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 Wrestling Club Inc.

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

### Practices

**WHEN:** Begins Thurs, November 8  
(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](mailto:BaughmanCPA@gmail.com)



Check web sites for  
more info:  
[www.wadsworthwrestling.com](http://www.wadsworthwrestling.com)  
[www.wadsworthyouthwrestling.org](http://www.wadsworthyouthwrestling.org)

Have fun this winter  
and **WRESTLE!**

### Matches

**WHEN:** First Match December 2

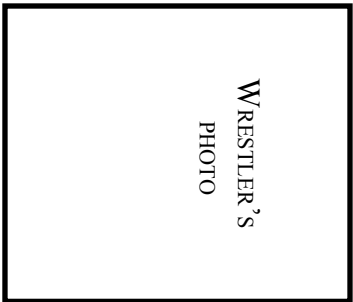
**TIME:** Every Sunday for 8 weeks (times will vary)

**Not a Wadsworth City School Function**

**This flyer is also available at [www.wadsworth.k12.oh.us](http://www.wadsworth.k12.oh.us)**

Call Dave Brugh  
for more info at  
330-730-2585

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 \_\_\_\_\_

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