**2023 Fremont Wresting / Steuben County Wrestling Club Clinics**

**Coached by Fremont HS, MS, & Volunteer Coaches)**

Registration:

Wrestlers must bring this completed registration form, along with the completed “Release and Waiver of Liability,” and “COVID” waiver to the first practice. Wrestlers will not be able to participate without signed waivers on file.

Clinics:

**Experienced Wrestler Clinics:** **TUESDAYS from 6:00pm-7:30pm** and **THURSDAYS from 6:00pm-7:30pm**. (These clinics are open to wrestlers with 3+ years of wrestling experience. Participants must be able to stay on task and put forth an engaged effort for 90 minutes.    
\*\*\*\*OR\*\*\*\*  
***Novice Wrestler Clinics "Intro to Wrestling":***  **TUESDAYS from 6:00pm-7:00pm** and **THURSDAYS from 6:00pm-7:00pm** in the Team Building Gym.  
(These 1 hour clinics are open to clinic participants with 0-2 years wrestling experience.  Parents of these wrestlers are encouraged to stay during practice in case your wrestler needs help understanding concepts, movement of body, staying on task, etc…)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (approx): \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Cell(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions we should know about? (diabetes, asthma, allergies, etc..) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wrestling Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size (circle) Youth: S M L XL Adult: S M L XL XXL

$40 Registration Fee (check to S.C.W.C. or ***exact cash***) is: Paid / Not Paid (Fee includes Club Tshirt)

Questions: Club website is [www.scwc.weebly.com](http://www.scwc.weebly.com)

Check the website for registration information, practice info, and more! We plan to utilize the club Facebook page to relay important information. Please request to be a member to the FB Page if you haven’t already: Steuben County Wrestling Club.