REC Wrestling Program



for both boys and girls. Grades 1-6

Program Fundamentals: Safety-Sportsmanship-Fun-Achievement

- Registration Dates: Monday, November 1st from 6:00 PM-7:30 PM in the Lincoln High School cafeteria. You can also find the registration form on our Facebook page, REC Wrestling. You can mail in the registration form if you are interested and are not able to attend registration.
- <u>Practices:</u> begin early November 2021. Coaches will contact wrestlers with a start date. Practices will be held at the Lincoln High School cafeteria. Schedule to be determined. **Wrestling shoes are required.** Headgear is required.
- REC Wrestling is a member of the Western Area Wrestling Association. We will have a full league schedule, including a home match at Lincoln High School.
- \$75 registration fee per wrestler. Registration fee covers entry into league, insurance and wrestling warm-ups (shirt and shorts).

For more information call/text: REC President Bill DeJoseph - (724) 971-9528. To register by mail, please send completed form and check for \$75 per wrestler payable to <u>"REC Wrestling"</u> to:

Bill DeJoseph 1112 Center Ave. Ellwood City, PA 16117

"Set goals. Have a plan. Work hard. Improve every day!"



REC (Riverside-Ellwood City) YOUTH WRESTLING Registration Form

wrestier's name:		Grade:
School District:		Years wrested prior to this year:
Birth Date:	Weight:	Referred by (if anyone):
Parent/Guardian inte	rested in coaching? Y	or N (Note: circling Y does not make you a coach. We
are merely gauging int	•	
Address:		
		Primary phone number:
		Primary phone number:
Emergency Contact :		Primary phone number:
Emergency Contact -	Relation to wrestler:	
Health Insurance:		Insured Name:
Group Number:		ID Number:
	ting health condition	s that would put your child or other children at risk?
Y or N		
Shirt Size (circle) You	th: S M L or	Adult: S M L XL
		Adult: S M L XL
, ,		
Youth Wrestling Prograclaims, liabilities or right	am. I hereby release RE nts for any injuries or lo	, to participate in the REC EC and anyone connected with this program from any sses suffered by my son/daughter in training for, the REC Youth Wrestling Program.
		Date:
Parent/Legal Guardia	n Signature	
I, (parent's name)		, give REC Youth Wrestling the right and permission
		mpeting, practicing and/or participating in other REC
events and to use pho	tographs or videos in its	s promotional materials and publicity efforts. I
	= :	ay be used in publication, print ads, direct-mail pieces,
•	• .	I release REC Youth Wrestling, the photographer, their
offices, employees, ag	ents and designees fro	m liability for any violation of personal or proprietary
	nection with such use.	
		Date:
Parent/Legal Guardia	n Signature	
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