REC Wrestling Program (Riverside-Ellwood City Cooperative)



for both boys and girls. Ages 5-12 (as of Dec. 31)

- Registration Dates: Monday, October 2nd, Tuesday, October 3rd and Thursday, Oct. 5th from 6:00 PM-7:30 PM in the Northside Elementary School cafeteria. You can also find the registration form on our Facebook page, REC Wrestling. You can mail in the registration form and payment if you are interested and are not able to attend registration.
- <u>Practices:</u> begin mid-Oct. of 2023. Coaches will contact wrestlers with a start date. Practices will be held at the Northside Elementary School cafeteria. Schedule to be determined. **Wrestling shoes are 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.
- Wrestling practices will be **OPEN** practices. Parents are to stay in the parent section, no interactions during practices. Mats are closed to everyone except coaches and wrestlers.
- <u>Costs:</u> \$150 registration fee per wrestler. Registration fee covers entry into league, insurance, fundraiser and wrestling warm-ups (shirt and shorts). Two separate deposits will be required, in addition to the registration fee. One \$50 deposit will be for the wrestling singlet and will be returned when the singlet is returned at the end of the season. The other will be a \$100 volunteer fee required per family and will be returned when the volunteer(s) work two events. These must be two SEPERATE deposits.
- REC Wrestling will use the **TEAM APP** to communicate during the season. Please be sure to download the **TEAM APP** and put in any cell phone numbers you would like to have an invite sent to on the registration form.

For more information call/text: REC President Jessica McQuiston - (724) 714-6016. To register by mail, please send completed form and check for \$150 per wrestler payable to "REC Wrestling" to:

Jessica McQuiston 620 Hazel Ave. Ellwood City, PA 16117

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

REC (Riverside-Ellwood City) YOUTH WRESTLING Registration Form

Wrestler's Name:			Grade:
School District:			_ Years wrested prior to this year:
Birth Date:	Weight:	Age:	Referred by (if anyone):
Parent/Guardian int	terested in coaching?	Y or N (Note	: circling Y does not make you a coach. We
are merely gauging i	nterest. Coaches must	submit appro	priate clearances.)
Address:			
Father's name:		Pr	 imary phone number:
Mother's name:		Pr	imary phone number:
Emergency Contact	t:	Pr	imary phone number:
Health Insurance:		Ins	sured Name:
			Number:
Are they any pre-ex	isting health conditio	ns that woul	d put your child or other children at risk?
Y or N			
TEAM APP/cell nun	nber: NAME, RELATIO	N, PHONE 1	:
	outh: S M L or		
Shorts Size (circle)	Youth: S M L or	Adult: S	M L XL
Lhereby give consent t	for my son/daughter		, to participate in the REC Youth
			ted with this program from any claims, liabilities
• •	•	•	r in training for, traveling to and from or while
	EC Youth Wrestling Pro		3 1 , 1 1 3
	J	3	
			Date:
Parent/Legal Guard	lian Signature		
I. (parent's name)		. give REC Y	outh Wrestling the right and permission to
photograph or videotar	oe my child while competi	ing, practicing	and/or participating in other REC events and to
			blicity efforts. I understand that the photographs
or videos may be used	I in publication, print ads,	direct-mail pie	ces, electronic media or other forms of
promotion. I release R	EC Youth Wrestling, the բ	photographer,	their offices, employees, agents and designees
from liability for any vic	plation of personal or prop	orietary right I r	may have in connection with such use.
			Date:
Parent/Legal Guard	lian Signature		