

WESTERN BROWN YOUTH WRESTLING

SIGN-UPS

- Wednesday, October 18th and Thursday, October 19th 6:00-8:00 pm
- High School Wrestling Room (park in front lot, enter through doors on east side of building- nearest football field)
- Sunday, November 5th 1:00-2:00pm
 - High School Wrestling Room - FREE Open Mats to try and see if you like it

**** Any signup after November 5th will incur a \$25 late fee ****

**** Returners who bring a new wrestler to join will receive \$5 off their membership (both must be present at signups)****

AGES

- Any boy or girl from anywhere in the Brown County and surrounding areas
- Kindergarten – 6th grade
- Copy of birth certificate required (unless a returning wrestler)

COSTS

- Colts (K-2nd Grade) - \$40.00
 - There will only be one practice each week for K-2 and they will not compete in local events. This program is designed to teach kids the basic fundamentals of wrestling. The focus will be on strength and agility, development and having fun!
 - Kids will receive team t-shirt with membership.
- Wee Broncos (3rd Grade) - \$50.00
 - Kids will practice with the competition team but will have limited competition.
 - Kids will receive a team t-shirt with membership.
- Broncos (4th-6th Grade) - \$75.00
 - Practice will be held twice a week and wrestlers will compete in local events. The focus will be developing their wrestling skills and advancing their knowledge of wrestling.
 - Kids will receive team t-shirt and use of competition singlet with membership.

QUESTIONS

- If you have any questions, please call/email:
Scott Adkins – Phone: 513-309-2033
Email: sttadkins@hotmail.com
- Interested in coaching?? Free membership for your child if so. Ask for details!!
- Can't make registration? Try our NEW ONLINE REGISTRATION. Simply visit our website at: www.broncoswrestling.com Print out the registration form and drop it off during one of our registration nights.



Emergency Medical Treatment Information

Child's Name _____

_____ COLT _____ WEE BRONCO _____ BRONCO

_____ T-shirt Size _____ GRADE _____ AGE _____ D.O.B.

	Mother	Father
Name	_____	_____

Address	_____	_____
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City/Zip	_____	_____
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Home Phone	_____	_____
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Other Phone	_____	_____
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Email _____

Physician's Name and Phone _____

Current Medication _____

Allergies _____

Other Medical Conditions _____

Emergency Medical Treatment Permission / Liability

We the parents of _____ give permission to any doctor or hospital for emergency medical treatment or admittance for care of our child for illness or accident if we cannot first be contacted. By signing this form we also release the coaching staff and the Western Brown Kids Club from any legal action.

Date _____ Parent or Guardian _____