



When: Tuesday, February 20, 2018 through OAC and USA Wrestling Freestyle/ Greco State Tournaments

Where: Louisville High School Wrestling Room

Who: Youth, Middle School and High School Wrestlers

Practice Days: Tuesday and Thursday 6:00pm – 7:30pm

Cost: \$40 (The cost includes a Parkview Wrestling Club Shirt.)

Contact Info: Coach Chris McCauley 330-875-5374

Wrestlers Name: _____

Date of Birth: _____ Age: _____ Grade: _____ School: _____

T-Shirt Size: (*Circle one*) YS YM YL AS AM AL AXL AXXL

Years Wrestled: _____

Cell Phone with texting: _____

Address: _____

Medical or Physical Conditions: _____

Extra T-shirt \$20 Each:

Sizes: (*circle and Number*) ____YS____YM____YL____AS____AM____AL____AXL____AXXL

In consideration of accepting the membership, I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damage my child may have against Louisville City Schools or their subcommittees, agents representatives and assignees any and all injuries suffered by him/her at wrestling practice, matches or tournaments. I have sufficient insurance to cover my child.

_____ Parent/ Guardian Signature