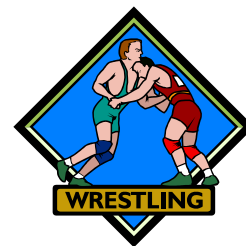


Predator Youth Wrestling Program for Grades K-3



When: Registration on Tuesday, September 3rd at 4:30 pm. *Practice will be after registration.*
Grades K-3 practice will be from 5:00 pm to 6:00 pm on Tuesdays, & Thursdays.
Scheduled class days are subject to change.

Where: Boulder Creek High School Wrestling room. Use the entrance on the south side of the building. (Closest to the football field). The boys need to wear gym shorts, t-shirt and wrestling shoes. A headgear is recommended, but not required. Students should be dropped off and picked up in the student parking lot.

Fees: \$100 payable to Boulder Creek Community Schools which includes all classes. There is also a separate fee (**required**) to join USA Wrestling, <http://themat.com/> Go to website, register and pay for the USA Wrestling Membership. Please sign up for **Predator** in Anthem, as your team. You will need to bring in your 2020 USA card to be recorded. Wrestlers will also need to take the Brainbook Course on <http://aiaacademy.org/> (if you are a new participant), Select Concussion - Brainbook picture, Register as a Student, Enter Demographic information, select Boulder Creek for school, Complete course, bring a copy of completion to registration. No refunds.

Purpose of program: To instruct students in fundamental wrestling skills, stretching, proper principles of conditioning and nutrition. This class is limited to K-3rd grade students.

Contact: Tracy Dent 623-694-7978
tdent152@yahoo.com

Sessions: Tuesdays, & Thursdays
Start: September 3rd – October 24th

www.bouldercreekwrestling.weebly.com

www.bchswrestling.com

REGISTRATION FORM

PARTICIPANT'S NAME: _____ Grade: _____

School _____ Date of Birth: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

COURSE TITLE: Predator Fall Wrestling Program K-3 Email: _____

Make check in amount of **\$100** payable **Boulder Creek Community Schools**, Bring check, **Brainbook completion and USA Card to registration.** To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools' program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participant must have medical insurance to participate.)

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN/PARTICIPANT (if over 18) SIGNATURE: _____

INSURANCE COVERAGE COMPANY: _____

POLICY NUMBER: _____ GROUP # _____

