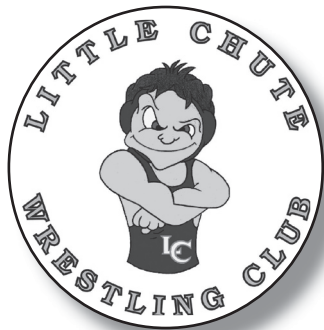


LITTLE CHUTE WRESTLING

2010 Youth Program Registration



The Little Chute Wrestling Club is accepting registrations for the 2010 Youth Wrestling Season. Please complete the information below and return it along with the \$20.00 program fee at the Registration/Parent Meeting Night, **Thursday January 21, 2010**. If you cannot attend the registration meeting, please return the form and program fee on the first day of practice.

All practices will be in the LC High School Wrestling Room unless otherwise noted.

Program	Start Date	Practice Times	Coach	Contact
K & 1st Grade	March 1st	Mondays - 4:00-5:15pm Saturdays - 9:00-10:30am	Adam Kilgas	788-2905
2nd & 3rd Grade	Feb. 16th	Tuesdays & Thursdays - 4:00-5:15pm	Mike Schumacher	788-0499
4th & 5th Grade	Feb. 2nd	Tuesdays & Thursdays - 6:30-7:45pm Sundays - 4:30-5:30 pm (Feb 7, 14, 21 & 28 only)	Todd Verboomen	788-5519

If you have any questions or concerns, please contact your child(rens) coach at the numbers above.

Please return the form below at registration or the first practice.

Kids without signed release forms and/or unpaid registration fees will not be able to participate.

2010 Little Chute Wrestling Club Youth Program Season Registration

NAME: _____ AGE: _____
Please print all information

ADDRESS: _____

GRADE: _____ PHONE: _____

Program: K & 1st 2nd & 3rd 4th & 5th

Registration Fee : \$20.00 Enclosed (Checks payable to LCWC)
 I am unable to pay and request a fee waiver

Participation Waiver: With this registration, permission is granted for participation in LCWC wrestling season, and I hereby, for the participants, myself, the heirs, executors, and administrators, waiver and relinquish all rights and claims for damages we may have in traveling to or from, or competing in a competition, or during any phase of practice, against any and all participants, against the Little Chute Wrestling Club Inc., the Little Chute Area School District, the Village of Little Chute and/or against their subcommittees, representatives, and assigns for all injuries suffered by the participant during this activity. I also give authorization for emergency medical treatment.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ E-MAIL ADDRESS: _____