

West Lafayette Summer Wrestling Club

Who: 1-6th Graders for the 2017-2018 school year

Why: Over 12,000 fans go to watch the Individual Wrestling State Finals each year. We have the system and philosophy to help your child improve and reach a championship level. Wrestlers will have FUN while learning to be champions on and off the mat. Wrestling teaches your child the importance of hard work, discipline, dedication, and a positive attitude.

Structure: The Summer session of our club will be spread over June and July and will include 6 practices. The practices will either be on Wednesday or Thursday evenings (Please check the day and date). Your child will be coached by current West Lafayette Wrestlers as well as the West Lafayette coaching staff. Potential competition dates with local schools will be announced at a later time if possible.

Signups: Please mail registrations to Coach Roseman or bring them to our first practice. Checks should be made payable to West Lafayette Wrestling. Wrestlers will be permitted to sign-up any day of the summer; the fee can be prorated if you know you will miss any of the dates ahead of time. Cost is \$50 includes all practices, competitions and a T-shirt (scholarships are available, please contact Coach Roseman for info).

Schedule: All practice times are from 4:30-6:00 PM in the WLHS wrestling room:

Week 1 – Practice Wednesday June 7 Week 4—Practice Wednesday June 28

Week 2 – Practice **Thursday** June 15 Week 5—Practice Wednesday July 12

Week 3 – Practice Wednesday June 21 Week 6---Practice **Thursday** July 20

All questions should be directed to Varsity Head Wrestling Coach Rick Roseman: rosemanr@wl.k12.in.us

Mail: Rick Roseman
6077 Flintlock Dr
West Lafayette, IN 47906

Name: _____ Grade(2017-18): _____

Email Address: _____ Phone: _____

Parent/Guardian Name: _____

Youth T-shirt size: S M L XL **Adult T-Shirt Size:** S M L XL

I understand that this sport involves risk & potential injury. I will support the judgment of the instructors for this program in determining when medical treatment is necessary or desirable. I hereby give permission for my child to participate in the wrestling clinic. I agree not to hold the employees and independently contracted instructors or the West Lafayette Community School Corporation liable and waive claims against same in this case of an accident.

Parent/Guardian Signature _____ Date: _____