



ILLIANA WRESTLING CLINIC



PLACE: Illiana Christian High School - Main Gym

DATES: March 8th, 10th & 12th

TIME: 6:30 - 9:00 PM (8th & 10th) 10:00 am - end of tournament (12th)

PARTICIPANTS: Any boys from grades 3 - 8

COST: \$15.00 for both clinic sessions and the tournament.

The tournament will be held after the session on the 12th.

PURPOSE: We hope to promote an appreciation for the sport of wrestling. To do this we will demonstrate the moves in wrestling and show the boys what it takes to compete. Many different aspects of the sport will be covered each session to prepare the participants for the tournament on the 12th.

EQUIPMENT: Each boy must provide his own gym shoes, gym shorts or sweatpants, and T-shirt or sweatshirt. We cannot allow pants with rivets or belts on the wrestling mat.

ATTENDANCE: Attendance at all sessions is not required but is strongly encouraged. Different aspects of the sport will be covered at each session. It is advantageous to attend all sessions to be more able to compete in the tournament. Parents are invited to stay and watch during the instruction. Every effort will be made to answer any questions you may have about the sport.

INSTRUCTORS: Dean Bosman, Jon Wynsma, Dave DeBoer (Illiana wrestling coaches) and members of the Illiana wrestling team.

INSURANCE: Each participant must provide his own insurance. Illiana cannot be held responsible and the enrollment is stated as such.

SIGN UP: Fill in the information on the back of this form and bring it with you to the first session. Registration starts at 6:00 pm.



ILLIANA WRESTLING CLINIC



ENROLLMENT FORM

_____ has my permission to participate in the
WRESTLING CLINIC at ILLIANA CHRISTIAN HIGH SCHOOL. I release Illiana
from any and all liability in the case of injury or accident during the activity.

SIGNED _____
(Parent or guardian)

Please fill in the following information for our records.

Name _____

Address _____

City-State-Zip _____

Telephone # _____

School you attend _____

Grade _____

In case of an emergency whom should we contact?

Name _____

Telephone # _____

Relationship to participant _____