



2009-2010 **Wrestling** REGISTRATION

This program is designed for K-6 graders and emphasizes fun, fitness, and the fundamentals of wrestling. While learning basic wrestling skills, students will participate in drills and games which will improve balance, coordination, strength, and agility.

Most children enjoy wrestling, so why not let them learn the sport in a safe, structured environment?

To Register Mail to:
VAA Wrestling
PO Box 44
Stillwater, MN 55082

Or Register online at:
www.scvaa.org

Cost: \$60.00 per student
 Price includes a wrestling T-shirt.

Please make check payable to V.A.A. Wrestling

Questions please contact:
 VAA Wrestling Commissioner
 Natalie Riesselman
wrestling@scvaa.org

Practice:
Tuesdays and Thursdays
 11/10/09 though 1/15/10
 (Dates subject to change)
 Please see web page for updates

Location:
 Stillwater Area High School
 Wrestling Gym
Grades K-6 6:00 – 8:00 p.m.

Note: Please Wear Clean Shoes!

Registration Deadline : 10/31/09
 (Late registrations will be subject to a \$20.00 fee.)
 25% Service fee assessed on all refunds

Please contact the SCVAA Wrestling Commission if you'd like more information about donations or sponsorships at
wrestling@scvaa.org

2009-2010 VAA Wrestling Program Registration Form • Please complete one form per child PLEASE PRINT!

Name _____ Address _____

E-mail _____ City _____ State _____ Zip _____

School _____ Grade _____ Weight _____ Sex (circle) M F

Parent Name(s) _____ Phone (H) _____ Phone (W) _____

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Croix Valley Athletic Association (SCVAA), its affiliated organizations and sponsors. The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team. Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. In the event of a medical emergency when a parent or caregiver is not available, I hereby allow the coaching staff to get medical assistance from professional medical personnel as may be required.

Parent/Guardian Signature: _____ Date: _____

Parent Volunteers Are Needed! Volunteers are what make the program a success. No prior wrestling experience necessary.

Please indicate if you are able to assist:

Yes, I would like to help coach or supervise the youth wrestling program.

Cash \$ _____ Check # _____ **Make checks payable to: VAA Wrestling for \$60.00 Registration Fee**