

The Howell Wrestling Club



Is now accepting registrations for the upcoming **2010-2011** seasons. The club provides a variety of programs catering to the needs of either the beginner or the experienced wrestler. The season runs from November through February. Practices & home matches are held at some of Howell's Middle Schools, and Howell High School. An individual sport such as wrestling brings out skills and characteristics in an athlete unlike those found in team sports.

Wrestling competitions are arranged by size, age and experience, allowing all to participate on an equal footing. The staff of the club includes many experienced coach/parents dedicated to making the wrestler's season fun, safe and educational.

The programs are open to 1st through 8th graders who belong to Howell, Freehold Township and Freehold Boro High School territories.

*Participation on the competitive Howell I & Howell II teams may be limited to Club members from within certain geographic boundaries or school sending districts, as determined by the Jersey Shore Jr. Wrestling League.

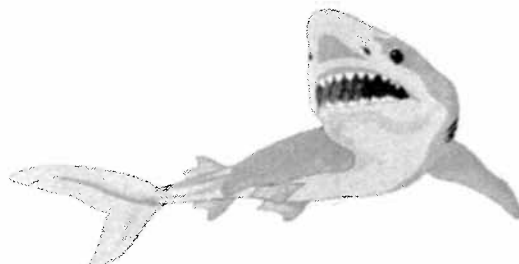
Your registration fee covers a T-shirt, costs (referee and use fees), participation awards and a USA Wrestling Membership card.

Participation is limited by mat space so membership will be limited; register early to ensure a slot.

A post card will be sent out in advance with the preseason kick-off meeting and 1st practice dates. Practices usually start at the beginning of November.

Questions regarding the club can be directed to the e-mail address listed below howellwrestling@predatorwrestling.com, or by calling Ted Lindemann at 732-901-9545.

Practices begin in November. Please refer to our website for information and updates.
www.predatorwrestling.com



Fill out the following registration form entirely, making sure to select a group and a volunteer activity. Include a check payable to Howell Wrestling Club Inc. and mail it to:
Ted Lindemann, 3 Brunswick Circle, Howell, NJ 07731.

Please provide email address that is checked regularly.

Name: _____ Birth date: _____
 Address: _____ City: _____
 Grade: _____ School: _____ Tel Number(s): _____
 Parent's and/or Guardian's
 Names: _____ Email: _____

Select the program you desire: **(No Refunds)**

Pick	Group	Fee	Open to	Practices	Competition
	A Beginners	\$70	1 st and 2 nd Graders	2 / week	Scrimmages and Tournaments which include beginner's level
	B Beginners	\$105	3 rd - 5 th Graders with no previous experience	2 / week	Scrimmages and Tournaments which include beginner's level
	C Intermediate	\$105	1 st - 5 th Graders with a year of prior experience	2 / week	Under 6 th Grade Team in league and Tournaments
	D Intensive	\$140	2 nd - 5 th Graders with 2 or more years experience and all 6 th , 7 th and 8 th Graders.	3 / week, 2 / week attendance mandatory	2 Under 8 th Grade Teams in league and Tournaments.

Select one or more of the following activities to participate in to support the club.

Check	Activity	
	Fund-Raising Coordination	Note: The Club relies on fund raising as a source of revenue. Each family is encouraged to participate in the Club's fund raising activities.
	Coaching	
	Concession Stand for Meets and Scrimmages	
	Concession Stand for Special Events (tournaments)	
	Help at Special Events (tournaments - tables, set up)	
	Timers/Scorers	
	Setup/Breakdown for practices and matches	
	Snack Stand Coordinator for A, B/C, D Groups	

WAIVER OF LIABILITY

I _____ (Parent or Guardian), hereby give permission for _____ (Child's Name) to participate in wrestling activities with the Howell Wrestling Club, Inc. In doing so, I fully understand that I will not hold the authorized coaches, club officers and representatives, or the Howell Wrestling Club, Inc. liable for any injury or illness occurring while _____ (Child's Name) is participating in or going to or from any and all activities of the Howell Wrestling Club.

 Signature of Parent or Guardian

 Date

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian of _____ a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____ Phone _____

Dates during which release is Granted: From 4/10 To: 4/11

Specific medical allergies, Chronic illness or other medical conditions staff should be aware of:

Other contact in case of emergency: Name _____

Relationship _____ Phone _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent and/or Guardian Signature _____ Date _____