



SCHOLASTIC STYLE WRESTLING

WINTER 2018/2019

SPONSORED BY:

UNION WRESTLING BOOSTER CLUB AND
UNION RECREATION DEPARTMENT

Goals: Scholastic Style Wrestling providing basic instructions for novice and experienced wrestler.

Participation: Union Residents – Kindergarten through 8th Grade

Registration: At **Early Registration(Dates Below)** or Monday and Thursday nights from 6:30-8:00 Starting Monday, November 12th * First night of practice* at Union High School between 6:30– 8:00 p.m.
For more info please email **unionwrestlingboosterclub@gmail.com** or call 908-851-9289

*****EARLY REGISTRATION October 22nd & 29th
November 5th
Between 7:00 & 8:00 pm (UHS wrestling room)
Enter the door by the rock**

**** Free T-shirt for those who register at Early Registration

**K-8th grades Practices – Monday & Thursday at 6:30 – 8:00 p.m.
Starting Monday November 12th – IN THE HIGH SCHOOL WRESTLING ROOM**

Fee:K-6th Grade \$120.00 (includes pullover & shorts) \$10.00 Family discounts available
7th-8th Grade \$40.00 (includes T-shirt only)
Singlets will be provided to those competing and collected at end of season (If not returned family will be charged cost of singlet) They must be returned in condition received!!

Booster Club Information- Please Read

Parents automatically become members of the Union Wrestling Booster Club, a non-profit Organization dedicated to promoting and supporting Union wrestling. Parents are required to volunteer time during tournaments.

Monthly meetings are held every 1st Monday of the month in the Teacher’s Cafeteria at the High School

Name: _____ Phone Number: _____

Address: _____

Birthdate: _____ School: _____ Grade: _____

E-mail Address: (Parents) _____

Fee: (Please circle) K-6th Grade \$120.00 7-8 Grade \$40.00

K-6 grades: Pullover size (please circle): Youth (S) (M) (L) Adult (S) (M) (L) (XL)

Short size (please circle): Youth (S) (M) (L) Adult (S) (M) (L) (XL)

Singlet Size _____ (wrestler’s weight) Samples are available at registration for sizing!!

7-8 Grades: T-shirt size only (please circle): Adult (S) (M) (L) (XL)

My child named above has recently been examined by a physician and has been cleared to participate in wrestling. My child has my permission to participate in the wrestling program and I understand the Union Booster Club and the Recreation Department do not assume any liability thereof. Union Wrestling Booster Club will provide secondary insurance coverage.

Parent/Guardian Signature: _____