



Rocket Wrestling Club

www.RocketWrestling.org

2009 – 2010 Season

Registration:

- (1) Bring form & payment to practice or
- (2) Complete form & mail w/ check
Rocket Wrestling Club
4505 Stratford Lane NW
Rochester, MN 55901

Rocket Wrestling Club is a non-profit youth wrestling organization for youth in pre-school to 8th grade. We encourage both beginner and experienced wrestlers who currently live in the John Marshall school area or plan to attend either John Marshall or Lourdes High School to register with our club. We accept registrations from anyone that wants to join our program, regardless of their current or future school plans. All practices are scheduled in the **John Marshall High School Wrestling Room**. Please make your check out to **Rocket Wrestling Club**.

We don't charge a "late fee", wrestlers are welcome to join at any time !

Our 5-session introductory program is targeted for brand new and lesser experienced wrestlers.

Introductory Program	Dates & Time	Registration Fee
Pre-K – 1 st Grade	November 9, 11, 16, 18, 23; 6:00-7:00 PM	\$ 10.00
2 nd – 6 th Grade	November 9, 11, 16, 18, 23; 7:10-8:10 PM	\$ 10.00

Our regular youth season begins on December 1st. **No experience required**. Wrestlers registered in this program, by December 15th will receive a free club t-shirt. Please specify your size on the registration form below.

Regular Season	Dates & Times	Registration Fee
Pre-K – 2 nd Grade: Tues & Thurs	Dec 1 st – March 25 th ; 6:00 – 7:00 PM	\$ 45.00
3 rd – 8 th Grade: Tues & Thurs	Dec 1 st – March 25 th ; 7:15 – 8:30 PM	\$ 45.00

Please contact us with any questions: Coach Brian Parlin, BrianParlin@RocketWrestling.org or 358-6530

Registering for: Introductory Program Pre-K – 2nd Regular Season 3rd-8th Regular Season

Wrestler's Name: _____

Grade: _____ School: _____

Parent's Name(s): _____

E-mail(s): _____

Home Address: _____

Home Phone: _____ Cell Phone(s): _____

Shirt Size ("regular season" only): Youth: S M L Adult: S M L XL

I as parent/guardian, acknowledge that injuries may occur in youth sports. I will accept all risks rising from the participation of my child in the RWC program. I hereby agree to waive, relapse, absolve, indemnify and hold harmless RWC, Rochester Public Schools (or any employee thereof), Sponsors, Participants, Coaches, Referees, or any other individual that is directly or indirectly involved with the operation of this program. BY SIGNING, THE PARENT/GUARDIAN STATES THAT THEY ARE WILLING TO ACCEPT THE RISK OF INJURIES.

Parent/Guardian signature: _____ Date _____

Would you be interested in volunteering? Coach Asst. Coach General Help Board Member