



www.RocketWrestling.org

## REGISTRATION:

Thursday, November 7th, 2024

6:30 – 8:00 PM

John Marshall HS Wrestling Room

OR

Complete form & mail w/ check by November 9th:

Rocket Wrestling Club: 2683 Oshkosh Ln NW, Rochester, MN 55901

**FREE** Introductory season is a small number of practices to introduce kids to wrestling!

Intro Season	Dates:	Time:	Fee:
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K - 6 <sup>th</sup> grade (Tues/Thurs)	Nov 12 <sup>th</sup> , 14 <sup>th</sup> , 19 <sup>th</sup>	6:30-7:30pm	<b>*FREE</b>
(EXPERIENCED wrestlers should start with the REGULAR Season)			

Regular Season	Dates:	Time:	Fee:
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K - 2 <sup>nd</sup> grade (Tues/Thurs)	Nov 21 <sup>st</sup> – Feb 27 <sup>th</sup>	6:30-7:15pm	\$100
3 <sup>rd</sup> -6 <sup>th</sup> grade (Tues/Thurs)	Nov 21 <sup>st</sup> – Feb 27 <sup>th</sup>	7:30-8:30pm	\$100

**Rocket Wrestling Club** is a non-profit wrestling organization for youth in K to 6<sup>th</sup> grade. We encourage both beginner and experienced wrestlers who currently live in the John Marshall school area to register with our club. Practices are scheduled in the John Marshall High School Wrestling Room.

Contact us with questions: Mark Bertschinger [MarkBertschinger@RocketWrestling.org](mailto:MarkBertschinger@RocketWrestling.org) (507) 289-0875

Registering for: ☐ Introductory K—6<sup>th</sup> ☐ K—2<sup>nd</sup> Regular ☐ 3<sup>rd</sup>—6<sup>th</sup> Regular

Wrestler's Name: \_\_\_\_\_ Wrestling Experience(Y/N): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mails: \_\_\_\_\_

Shirt Size (for Regular Season): 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, release, 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 \_\_\_\_\_

Interested in volunteering: [ ] Asst. Coach [ ] Board Member [ ] Fundraising [ ] General Help