

**TULPEHOCKEN WRESTLING ASSOCIATION, INC.**

[WWW.TULPYWRESTLING.COM](http://WWW.TULPYWRESTLING.COM)

## **Elementary Wrestling Sign-up**

Any boy or girl in grades K thru 6<sup>th</sup> may participate in the elementary wrestling program. Wrestling is a sport that promotes physical conditioning, mental acuteness and sportsmanship. Our program is geared for children in grades K thru 6<sup>th</sup>. Each wrestler is encouraged to improve their ability and skills but advance at their own pace. Register your child and watch him/her start as an unskilled wrestler and end the season with the skills and knowledge to wrestle an official match. We also encourage good academic skills and promote an incentive program "Wrestle Smart" to further your child's scholastic well being.

### **Sign-up fees:**

Early Registration Aug. 30, 2010 – Oct. 1, 2010, \$30.00 per wrestler (\$25.00 per wrestler for 2 or more in the same household). **Must be postmarked**

\$35.00 per wrestler (\$30.00 per wrestler for 2 or more in the same household) **after Oct. 1, 2010.**

### **Fee includes your choice of 1 of the following:**

**\*\*WE RECOMMEND HOODED SWEATSHIRTS FOR 1<sup>ST</sup> YEAR WRESTLERS\*\***

- Hooded Sweatshirt with the Tulpehocken Wrestling logo
  - Sweat Pants with the Tulpehocken Wrestling logo
  - Other Tulpehocken Wrestling Gear
- PLUS**
- An invitation to the TWA Banquet, a club paid tournament and TWA Family Pool Party in the summer of 2011!!

\*Preview of these items and selection can be made at the first night of practice.

### **Practice:**

**-First week of practice** will be November 9<sup>th</sup> and 11<sup>th</sup> from 6:30pm – 8pm for **ALL** wrestlers at the Tulpehocken High School gym. There will be a **MANDATORY** parents meeting to go over many important topics concerning the wrestling program on both of these nights. Please make every effort to attend one of these nights.

### **-Second week of practice:**

**-Novice** – Monday & Wednesday 6:30pm – 8pm at the Tulpehocken High School gym.

**-Advanced** – Tuesday & Thursday 6:00pm – 8pm at the Tulpehocken High School gym.

During the first week of the season wrestlers will be evaluated and placed into their **2 night** practice spots based upon their age and skill level (everyone **WILL NOT** practice 4 nights per week). Practice nights are subject to change pending gym availability. We will do our best to give an advance notice in the event practice nights need to be changed.

Weekly matches are held on Friday nights beginning January 7, 2011.

**Practice Attire:**

-Shorts/sweats, t-shirts and **clean** sneakers. Please **no** zippers, buttons or belts. Wrestling shoes are not required but headgear is highly recommended and may be purchased at a later date.

All participants must provide proof of health insurance. If you do not have health insurance, insurance is available to purchase through the school district at a reasonable cost.

Please contact David Bortz (610) 488-8865 (davebortz@tulpywrestling.com) or Faith Mathias (610) 488- 8727 (faithmathias@tulpywrestling.com) with any questions.

*“Pre-K Introduction to Wrestling”*

*Open for all 4 and 5 year preschoolers in or outside of the school district. So wrestlers, if you have little brothers, sisters, cousins or friends encourage them to experience TWA 's program! They will all receive an award for completing this 8 week program.*

*\*\*\*Starts January 5, 2011. Fee is \$15.00 for this program \*\*\**

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**RELEASE FROM LIABILITY**

I hereby release the Tulpehocken Area School District, Tulpehocken Wrestling Association, Inc., Coaches and Board Members from any and all liabilities, claims or rights to damages suffered by me or my participating child directly or indirectly in training for, traveling to or from and participating in the sport of wrestling through the Tulpehocken Wrestling Association, Inc.

NAME OF WRESTLER \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

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Name of Wrestler \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_  
Phone # \_\_\_\_\_  
(Required) \_\_\_\_\_

E-mail address \_\_\_\_\_

Insurance Provider \_\_\_\_\_ I.D. # \_\_\_\_\_

**Please mail completed sign-up form and payment to:**

**TWA  
PO Box 171  
Bethel, PA 19507**