

Blue Wave Wrestling Club

Darien, CT

Spring 2018

**Our goal is to develop wrestler's skills in scholastic wrestling.
The emphasis will be on technique, match and mental preparation,
goal setting and conditioning.
Beginner to advanced welcome.**

Who:

3rd grade through 5th AND 6th-8th grade

When:

March 28 – May 30 –Wednesdays

5:30 pm – 7:00 pm

No practice 4/11

Occasional Saturday Matches may be scheduled

If Darien Schools are closed, practice will be cancelled.

Where:

Darien High School Wrestling Room
(downstairs across from the weight room)

Fee:

\$225 by check made out to BWWC

Every wrestler will be required to have a USA Wrestling card.

If you have wrestled in past years you will need to renew that card.

New wrestlers must obtain a card.

Membership Runs from September-August

www.usawmembership.com

For More Information, Please Contact

Joe Testa at joe.testa89@yahoo.com

Chris Lombardy at clombardy.kp@gmail.com or 917-607-5104

ALL WRESTLERS REQUIRED TO HAVE USA WRESTLING CARD

To obtain your card go to www.usawmembership.com

ALL WRESTLERS MUST HAVE WRESTLING SHOES AND HEAD GEAR

Blue Wave Wrestling Club

Registration Form

Office Use Only

2018 Spring Session

Payment _____

Check Number _____

Date Received _____

The coaches and staff of the Blue Wave Wrestling Club are happy to offer you the opportunity to train in a facility at the Darien High School. The Blue Wave Wrestling Club will focus on freestyle and scholastic wrestling. The coaches of the club are excited to teach wrestlers the wrestling techniques that are needed to win in major competitions. The coaches will focus on wrestling techniques, strength training, and mental preparation. **Each club member must purchase a USA Wrestling card before they participate in the club.** The staff is confident that each wrestler will improve their wrestling skills in a creative and fun environment.

Wrestler's Name _____

Address _____ City _____

Weight _____ Date of Birth _____ Age _____ Grade (as of 9/17) _____

USA Wrestling Card # _____ T-shirt Size _____

Parent 1 Name _____

Parent 1 Email _____

Parent 1 Phone # _____ other # _____

Parent 2 Name _____

Parent 2 Email _____

Parent 2 Phone # _____ other # _____

I agree to allow the above named wrestler to participate in the Blue Wave Wrestling Club. I assume full responsibility for any injuries incurred while participating in the club practices, and hereby release all organizers and coaches or the Blue Wave Wrestling Club of any and all liability that occurs during practice or training sessions.

Parent/Guardian Signature _____ Date _____

***Please make checks payable to "Blue Wave Wrestling Club"**

Return check with Registration Forms and copy of USA Wrestling Card:

BWWC
c/o Tory Crane
3 Hollister Lane
Darien, CT 06820
crane@optonline.net