



Rocket Wrestling Club

www.RocketWrestling.org

2011 – 2012 Season

Registration:

Thursday November 3rd
6:00 – 8:30 PM
John Marshall HS
Wrestling Room

Or
Complete form &
mail w/ check to:
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. All practices are scheduled in the **John Marshall High School Wrestling Room**.

Our 5-session introductory option is targeted for brand new and lesser (one year) experienced wrestlers. Experienced wrestlers are encouraged to register for the “regular” season and skip these introductory sessions.

Introductory Season	Dates & Time	Registration Fee
Pre-K – 1 st Grade	November 8, 10, 15, 17 & 22; 6:00 – 7:00 PM	\$ 10.00
2 nd grade – 6 th Grade	November 8, 10, 15, 17 & 22; 7:15 – 8:15 PM	\$ 10.00

Our regular youth season begins on Nov 29th. **No experience required.** If registered by Nov 29th, a **free** club t-shirt is included. Please specify your size on the registration form. Registration fee includes one “fund-raising” card.

Regular Season	Dates & Times	Registration Fee
Pre-K – 2 nd Grade: Tues & Thurs	Nov 29 th – March 29 th ; 6:00 – 7:00 PM	\$ 50.00 *
3 rd – 8 th Grade: Tues & Thurs	Nov 29 th – March 29 th ; 7:15 – 8:30 PM	\$ 50.00 *

* register for both reg & intro for \$55

Please contact us with any questions: Tom Giordano, TomGio@RocketWrestling.org or 358-0573

Registering for (check one): Introductory Program (\$10) Regular Season (\$50) Both (\$55)

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