



www.RocketWrestling.org

REGISTRATION:

Thursday, November 9th, 2017

6:00 – 8:30 PM

John Marshall HS Wrestling Room

OR

Complete form & mail w/ check by November 10th:

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

2017-2018 SEASON SCHEDULE:

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

Intro Season	Dates:	Time:	Fee:
Pre K - 2 nd grade (Tues/Thurs)	Nov 14,21,28,30	6:15-7:15pm	*FREE
3 rd - 6 th grade (Tues/Thurs)	Nov 14,21,28,30	7:30-8:30pm	*FREE

(EXPERIENCED wrestlers should start with the REGULAR Season)

Regular Season	Dates:	Time:	Fee:
Pre K-Kindergarten(Mon)	Dec 4 th – Feb 26 th	6:30-7:15pm	\$40
1 st -2 nd grade (Tues/Thurs)	Dec 5 th – Mar 1 st	6:30-7:15pm	\$75
3 rd -6 th grade (Tues/Thurs)	Dec 5 th – Mar 1 st	7:30-8:30pm	\$75
State Tourney Season (Tues/Thurs)	Mar 6 th – Apr 8 th	7:00-8:15pm	\$20

Rocket Wrestling Club is a non-profit wrestling organization for youth in pre-k to 6th 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 289-0875

Registering for: Introductory Pre K-K Regular 1st-2nd Regular 3rd-6th Regular Both

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

School: _____ Grade: _____

Parent's Name(s): _____ Phone: _____

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