

LIONS AGE GROUP WRESTLING PROGRAM

- PROGRAM:** **Lions Wrestling Club** is a program for elementary and middle school students that stress the fun and fundamentals of wrestling. The program also introduces competition with other clubs and provides a training site and complete schedule for the more experienced wrestlers. The program will run from November 12, 2019 through February 28, 2020. Additional information is on our website: www.LTHS.net/LWC
- AGES:** Kids in 2nd through 8th grade living in the LYONS TOWNSHIP SCHOOL DISTRICT.
- REGISTRATION:** **6pm to 7pm** on **Mon. 11/4, Tues. 11/5,** and **Thurs. 11/7** in the Vaughan Gym lobby of North Campus.
- IMPORTANT NOTE:** **ALL first time REGISTRANTS MUST PROVIDE A PHOTOCOPY OF THEIR BIRTH CERTIFICATE AT THE TIME OF REGISTRATION.**
- PARENT MEETING:** We will have a parent meeting on **Tues. 11/12 at 6pm** before the first practice.
- PRACTICES:** Beginning **Thurs. 11/12 at 6pm**, practices will be in the Vaughan Gym of the North Campus of Lyons Township High School. The **Development** group will generally meet on Tues. and Thurs. nights from 6–7:30pm and the **Competition** group will meet Tues., Wed., and Thurs. from 6-7:30pm. A practice schedule and competition calendar will be passed out the first night and available on our website.
- UNIFORM:** Socks, tee shirt, elastic waist shorts, and wrestling shoes or gym shoes.
- COST:** **Development Group** is \$200, \$150 for each additional family member. This fee includes a tee shirt and IKWF, USA wrestling membership (\$45).
Competition Group is \$250, \$200 for each additional family member. This fee includes a tee shirt and USA membership (\$45). Checks are payable to **Lions WC.**
- COACHES:** Mark King, LT coaching staff and LT wrestlers.
- QUESTIONS:** Call Mark King at 708-935-5382

LIONS AGE GROUP WRESTLING REGISTRATION (Please Print)

Name _____ Age _____ Date of Birth _____ Grade _____

ADDRESS: _____

CITY: _____ ZIPCODE: _____ PHONE: _____

Email _____ Birth C. _____

TEE SHIRT SIZE:

YOUTH				ADULT				
S	M	L	XL	S	M	L	XL	XXL

PAYMENT:

CASH: _____ CHECK# _____ AMOUNT: _____

The above child named has my permission to participate in the Lions Age Group Wrestling Program. I certify that the participant has had a current physical and has no physical limitations that would prevent him from participating in wrestling and associated activities.

DATE _____ PARENT/GUARDIAN: _____