



The Monroe Wrestling Club is open to youth wrestlers (boys & girls) in grades Kindergarten through 8th grade. The goal of the program is to expose kids to youth amateur wrestling in a positive environment. Practices will involve basic wrestling skills from three positions: top, bottom, and standing position. Conditioning, games, drills and live wrestling will help develop proper technique while keeping the practice atmosphere fun.

Parent Meeting / Registration Event: Wednesday, October 18 @ 6pm at MWC - 1024 4th Avenue West (please enter SOUTH DOOR) - Register your wrestler, hear about the upcoming season, get your questions answered as well as any other Q & A that needs to be addressed. We will also have donated wrestling shoes available (various sizes).

MWC Practices: PRACTICES START THE WEEK OF NOVEMBER 6! ALL PRACTICES are now on Mondays, Tuesdays & Thursdays with Grades K-2 from 5:15-6:15pm and Grades 3-8 from 6:30-8pm. Work-Out Wednesdays are for Grades K-8 from 5:30-6:30pm. ALL practices held at MWC - 1024 4th Avenue West, Monroe, WI (practices/times are subject to change)

Gavin Breadon Memorial Youth Wrestling Tournament: Sunday, January 21, 2024 (at Monroe High School)

- We do ask that families volunteer some time during the home tournament weekend!**

Registration Fee: \$200 - Fee includes USA Card, Team t-shirt & Gavin Breadon Memorial Youth Wrestling Tournament fee

****Wrestlers participating in the MMS wrestling program - \$150 registration fee****

REGISTRATION FOR YOUTH WRESTLING GRADES K – 8

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

GENDER _____ BIRTHDATE _____ AGE _____ GRADE _____

INDICATE ONE: FIRST YEAR WRESTLER _____ / NO. OF SEASONS WRESTLING _____ / TRIAL WRESTLER _____
(\$50 FOR FIRST 2 WEEKS OF PRACTICE)

USA CARD NUMBER (if already have a new one or need to renew your card) _____

TEAM T-SHIRT SIZE FOR WRESTLER (circle one): YOUTH: MEDIUM LARGE X-LARGE ADULT: SMALL MEDIUM LARGE X-LARGE

DAD NAME/CELL# _____ MOM NAME/CELL# _____

- I hereby certify that my child is in normal health and capable of safe participation in the Monroe Wrestling Club. I hereby authorize the Monroe Wrestling Club, its staff and volunteers to obtain medical treatment for my child in the event that parent(s) cannot be reached.
- I support the Monroe Wrestling Club philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement and volunteer leadership.
- The Monroe Wrestling Club uses pictures of participants for promotional reasons. If for some reason you do not want your child's picture or your own in a promotional photo for the Monroe Wrestling Club, please contact Heidi Witt.

Parent's Signature _____ Date _____

Emergency Contact _____ Phone # _____

****UNIFORM CHECK-OUT INFORMATION: SINGLET SIZE _____ / SHORTS SIZE _____ / JACKET SIZE _____**

FOR OFFICE USE ONLY: Registration Fee Paid on _____ Check # _____ or Cash _____