



Mighty Lions Wrestling Club

2009-2010 Sign Up

Check out our Website! www.clmightylions.com

Wrestler _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Age _____ Grade _____ Sex: Male _____ Female _____

Physician _____ Physician's Phone _____

Email _____

Shirt Size YS YM YL M L XL XXL Sweat Pant Size YS YM YL M L XL XXL
(Circle)

Wrestler's Experience Level (Check)

_____ Level 1 ⇒ Beginner or limited tournament experience

Practice Time: Tuesdays, 6:00pm- 6:45pm

_____ Level 2 ⇒ Experienced wrestler

Practice Time: Tuesdays, 6:45pm- 8:00pm

Club Expectations:

- During practice, you are here to learn and practice wrestling; no horseplay will be allowed.
- In order to run an effective practice, we ask for noise kept to a minimum by parents and siblings.
- One family member from each wrestler will be asked to work at least one rotation at the wrestling tournament that we host in January.

_____ has our/my permission to participate in the Clear Lake Youth Wrestling Club (Mighty Lions) wrestling program. I/We agree that the Clear Lake Youth Wrestling Club, its officers, directors and volunteers and/or agents are exempt from liability for any injury or disability that might be incurred during or as a result of the program my/our child is participating in.

Parent/Guardian's Signature
