

Jr. Red Raider  
Youth Wrestling Club

"You're always a champion when you choose to compete"

**DO YOU WANT TO GET FASTER OR STRONGER?**

**JOIN FAIRPORT YOUTH WRESTLING**

All levels of experience welcome!

**Beginners:** Coaches will design practices to focus on improving strength, conditioning, speed and agility while introducing the foundation to wrestling.

**Advanced:** Experienced wrestlers will have the opportunity to focus on more advanced wrestling techniques, with the goal to prepare for matches and competitions.

Practice:

Each child will be given the opportunity to practice up to 2 to 3x per week.

Our practices will take place weeknights. A complete practice schedule for the season will be put on our website as soon as we have it.

Most practices will be held between 6:00 and 7:45 pm.

Season runs from late November thru March.

Cost per wrestler \$100 (*Max cost per family is \$210*)

Included in the cost each team member will receive a team T-shirt, a trophy, and a year end party.

**Competition:** Coaches and the Fairport Jr. Red Raider youth wrestling club will be organizing participation in weekend tournaments for interested team members.

See reverse for sign up

For more information contact:

**Phil Provenzano**

585-355-8196

provo50@hotmail.com

**Brad Rosenbaum**

585-750-4199

bradleyj.rosenbaum@gmail.com

Child's Name: \_\_\_\_\_

Age/Grade: \_\_\_\_/\_\_\_\_ Male  Female  Birthdate: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size (Circle one): Youth small (6-8) Youth medium (10-12)

Youth large (12-14) Adult Small Adult medium Adult large

Child's Limitations or Cautions: \_\_\_\_\_

Special Requests (requests are not guaranteed): \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Email Address:

\_\_\_\_\_

Emergency Contact (Other than household): \_\_\_\_\_

Phone: \_\_\_\_\_

**Release:** I hereby release the Fairport Jr. Red Raider Youth Wrestling Program and any of its coaches from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to my child when normal permission is unavailable. I certify that my child (child's name \_\_\_\_\_) is in good physical health and shall have no limitations other than those I have specifically named on the registration form which may predispose him/her to risk during this program. I fully understand that the Fairport Jr. Red Raider Youth Wrestling Program does not provide accident insurance.

**Parents Signature Required** \_\_\_\_\_

Please Remit Registration Form and \$100 payment to:

Fairport Youth Wrestling Treasurer, Tina Provenzano

14 Dona Lea, Fairport, Ny 14450

Please make checks payable to Fairport Youth Wrestling Booster Club

OR Venmo at @fairportnyyouthwrestling

Please make sure you add child's name in notes when using Venmo..

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