



Welcome to the 2018 season with the Raymond Central Wrestling Club! We are looking forward to another great season! Sign-up night is scheduled for Tuesday December 19, 2017, at 6:30 p.m. in the commons area at the high school. We ask that you complete the form below for each child that will be wrestling and bring it with you to the sign-up. We will be conducting a short meeting following sign-up.

Our practices will be held on Tuesdays and Thursdays in the high school wrestling room. The first practice will be held on Thursday, January 4, 2018. Practice times for K-2<sup>nd</sup> grade is 5:30 – 6:30 and for 3<sup>rd</sup> through 8<sup>th</sup> grade 6:30 – 8:00. We will have equipment check-out and photos on Thursday, January 4, 2018. All wrestlers should report for practice at 5:30 on this day.

Sign-up fees are as follows: the first wrestler in your family is \$45.00; the second wrestler in your family is \$40.00; each additional wrestler in your family is \$35.00. Insurance and an RCWC t-shirt are included in this sign-up fee. **A \$5.00 discount will be given off the above rates to all wrestlers who sign up on or before registration night.** Please make all checks payable to Raymond Central Wrestling Club.

***SPREAD THE WORD! If you know someone that would like to participate let them know!***

If you have any questions please email [raymondcentralwrestling@gmail.com](mailto:raymondcentralwrestling@gmail.com).

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Wrestler's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent's Email Address(es): \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ T-Shirt Size: YXS – YS – YM – YL – AS – AM – AL – AXL

Add Name to Back of Shirt + **\$4.75** [YES / NO] Name to print on shirt: \_\_\_\_\_

I am interested in helping with club duties: Yes      No

|                        |                   |                        |
|------------------------|-------------------|------------------------|
| Payment Received _____ | Amount Paid _____ |                        |
| Check Number _____     | Cash _____        | AAU Insurance ID _____ |