

**Little Huskies Wrestling Club**

**Sign Up Nov. 10th**

**6:30-7:30**

 **Parent meeting at 7:00**

**Highland Wrestling Room**

**Practice Starts Monday Nov. 14th**

Cost: Beginner (Pre-K- 2nd) $50 Advanced (3rd-8th)$65

Cost includes a T-Shirt and Our Tournament Entry Fee

Beginners: Monday 6:15-6:55

Advanced: Mondays 7:00-8:00 & Thursdays: 6:30-8:00

 If you are interested in coaching, Please give Jay a call.

Questions: Contact Jay Peiffer 530-0168 or Cindy Peiffer 530-9968 or jcpeiffer@mchsi.com

-----------------------------------------Please keep top portion------------------------------------------

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Nick Name (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Shirt Size (YSM-AXL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) – Guardian(s) – Custodian(s**)**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact: Person(s) who may be notified in case of emergency or illness when the above listed people are not available.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is anyone NOT allowed to pick your child up, contact Cindy Peiffer 319-530-9968

**Tournament**

I understand that I (or another adult) am required to work at least 1 shift per child at our home tournament. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent** In the event that my child may require medical care while I am unable to be reached, I hereby give consent to Highland Little Huskies Wrestling Club’s coaches to act on my behalf to authorize medical and/or surgical treatment for my child. I agree to pay all costs and fees contingent on any emergency medical care and/ or treatment for my child as secured or authorized under this consent. You, as a parent, are liable for anything that happens to your child while at practice.

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Win or Learn, Never Lose!**