

CANTON YOUTH WRESTLING

••WARRIORS••

Sponsored by the Canton Park and Recreation

The Canton Youth Wrestling Program (CYWP) is a wrestling club sponsored by the Canton Parks and Recreation and is open to boys and girls ages 7-14. The CYWP serves kids from Canton and surrounding towns. No experience is necessary. We focus on the fundamentals of wrestling and teach the basic moves and strategies involved. This introduces the child to the enjoyment of direct one-on-one competition with other boys and girls of similar age and weight. Beginner wrestlers will have the opportunity to compete against kids with similar experience in USA Wrestling tournaments across the state. Experienced wrestlers will also compete in USA wrestling tournaments against kids with similar experience. In addition to tournaments, scrimmages with other programs will be scheduled in lieu of practice. The season runs from the middle of November through the end of February and culminates with the State Tournament. Tournament participants are required to obtain a USA Wrestling card, which can be obtained through the CYWP.

Wrestling is an exciting sport which enhances overall physical fitness, stamina and mental and physical discipline. Wrestling is also a great way to keep active through the winter months in preparation for spring sports.

Our program is run by highly qualified former wrestlers and high school coaches. All coaches are required to complete the "Coaching Youth Wrestling" program administered by the American Sports Education Program (ASEP).

For general information, you may contact the Team Registrar, Deb Folino debfolino@att.net. On-line registration is available.

Ages: 7-14

Practices: To Be Determined

6:30 p.m. to 8:30 p.m.

Location: Canton High wrestling room

Season begins: Tuesday, Nov. 24, 2009

Season ends: March 2010 (state tournament)

Staff

Tom Getler: Team Coordinator, Coach

Ed deSimas: Team Coordinator

Peter Folino: Coach

Keith Penney: Coach

Peter Scott: Coach

Jim Pedrolini: Coach

John Adams: Coach

Deb Folino: Team Registrar

Sean Graziano: Tournament Registration



Fee (season): \$150. Does not include entry fee into weekend tournaments
Includes USA Wrestling Card, T-Shirt

Team website: <http://totalleague.com/cantonyouthwrestling>

2010 Canton Youth Wrestling Registration

Please complete application and print clearly

Athlete name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Gender (M/F): _____
Birth Date: _____ School: _____ Current grade: _____ Current Wt: _____

List any medical problems, allergies the athlete has:

Shirt size: Youth S YM YL Adult S AM AL

Parents/guardians

Father

Mother

Last name: _____ Last name: _____
First name: _____ First name: _____
Occupation: _____ Occupation: _____
Home phone: _____ Home phone: _____
Business phone: _____ Business phone: _____
Cell phone: _____ Cell phone: _____
E-mail: _____ E-mail: _____

We ask for active participation of all our parents in our program. Please circle what areas you would be willing to help
Coach Fund Raising Committee Publicity Assistant coach Team Parent

Emergency contact

In the event that the parents/guardians are unavailable, please indicate whom you like to be contacted

Person to notify: _____
Phone: _____
Doctor to notify: _____
Phone: _____ Address: _____

Consent for medical treatment (minor): As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry. This may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.

Signature (required): _____

WAIVER/Release

In consideration of accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any rights and claims for damages I may have against the agency providing the activities listed above and its representatives, successors and assign for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature (required): _____ Date: _____

Registration will be accepted the first night of practice.
For more information or to register, contact Canton Park and Recreation at 693-5808.
Mail registration to Canton Park and Recreation, 40 Dyer Avenue, P.O. Box 168, Collinsville, CT 06022