



# WAUNAKEE WRESTLING CLUB OPEN TO GRADES: K-8<sup>th</sup>

## Mandatory Parent & Wrestler Meeting

November 21<sup>st</sup> 6:00PM  
Middle School Cafeteria

## Basic Package (Beginner Wrestlers)

November 28<sup>th</sup> – February 27<sup>th</sup>  
Monday's from 5:45 – 6:30PM  
High School Wrestling Room  
Fee per wrestler is \$55.00 if paid by Nov. 14<sup>th</sup> and \$70.00 after this date.

## Tournament Package (Includes 4 Tournaments)

November 28<sup>th</sup> – March 13<sup>th</sup>  
Monday's from 6:30 – 7:30PM  
Tuesday's from 6:00 – 7:30PM  
High School Wrestling Room  
Fee per wrestler is \$80.00 if paid by Nov. 14<sup>th</sup> and \$95.00 after this date.

If you are interested in wrestling this season, please fill out the registration portion and return it with your registration fee at the meeting on the 21<sup>st</sup>, **or mail it to Warrior Wrestling Club 829 S. Meadowbrook Lane Waunakee, WI 53597 (by Nov. 14<sup>th</sup> to get in for the lower fee!!)**. Please make all checks payable to Waunakee Wrestlebackers. If you have any questions, feel free to email or call me. I am excited to begin preparing for another year of club wrestling in Waunakee! I hope you will decide to join us.



# WAUNAKEE WRESTLING BUILDING A TRADITION



## SIGN UP IF YOU'RE READY TO WRESTLE!

**Club Head Coach**

**Mike Statz**

**Phone: (608) 849-9765**

**Email: [mstatz@waunakeewrestling.com](mailto:mstatz@waunakeewrestling.com)**

**Website: [waunakeewrestling.com](http://waunakeewrestling.com)**



## Warrior Wrestling Club Registration

Wrestler: \_\_\_\_\_

Package (circle) Basic Tournament

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

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

Cell Phone/s: \_\_\_\_\_

Emails: \_\_\_\_\_

Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Approx Weight: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Parent Name/s: \_\_\_\_\_

In consideration of my child's acceptance in the Waunakee Club Wrestling Program, I, my heirs, executors waive and release parents, coaches, representatives, committees, and members from any and all claims or rights to damages for injuries in training or traveling to or from or any phase of the program. I also give my authorization in case of injury for emergency medical treatment.

Parent  
Signature/Date: \_\_\_\_\_