

Kangaroo Wrestling Club

Fall 2021 Folkstyle Pre-Season Training Session

KAUKAUNA USA ~ "Fear the ROO"

About KANGAROO

The Kangaroo Wrestling Club has been successfully training athletes from Northeast Wisconsin for nearly the past two decades. Our training philosophy has proven success for our athletes at the state, national, and collegiate levels of wrestling. Our practices include outstanding technical training, intense live wrestling, and "out of the comfort zone" conditioning.

This **FALL FOLKSTYLE ONLY** training session is an opportunity to prepare wrestlers for the upcoming 2021-2022 middle school and high school season.

Practices will be held at the Kaukauna High School Wrestling Complex (1701 County Road CE) from 6:00-7:30 PM. Practices will be conducted by coaches and volunteers from the Northeast Wisconsin Area.



Fall Session Dates

6:00-7:30 P.M.

- Week #1: October 5 & 7
- Week #2: October 12 & 14
- Week #3: October 19 & 21
- Week #4: October 26 & 28
- Week #5: Nov. 2 & 4
- Week #6: Nov. 9 & 11

Contact

Jeff Matczak, Head Wrestling Coach, Kaukauna High School
(920) 766-6113 ext. 5133 matczakj@kaukaunasd.org

Registration Form

Fee: \$50 per wrestler

Checks made out to the Kaukauna Wrestling Club

Mail to:

Kaukauna High School

Attn: Jeff Matczak

1701 County Road CE, Kaukauna, WI 54130

Or bring to first session

Current USA Wrestling Card is REQUIRED

A card can be purchased online at usawmembership.com

You must present your current USA competitor's card the first night of practice or a copy can be sent in with your pre-registration form.

****USA cards expire August 31st****

Lead Coaches

Scott Kluever, WWF State Coach Coordinator

Gabe Grahek, UW Badger 2014-2018

Cam Hayes, North Central College 2017-2020

Wrestler Information

Wrestler Name: _____ Grade: _____

School: _____ Phone: _____

I approve of my child's participation in Kangaroo Club wrestling and certify that within two years he/she has had a physical examination and that he/she is in good health and able to participate in all activities. If medical attention is required for injury while attending activity, I give my permission for such care. I hereby release the Kaukauna Area School District, Kaukauna Wrestling Club, its officers, employees, and agents from any and all liability arising out of injury or illness my child incurs while participating in club activities. I understand the rigorous activity in which he/she will be involved. I understand that if this application is accepted, there is no refund of deposit if we (parent/guardian or child) should cancel the application later.

Parent or Guardian Signature

Date

Emergency phone during practice

Office use only: paid check number _____ cash _____ USA card number: _____