



KANGAROO Wrestling Club

Kaukauna USA

The Kangaroo Wrestling Club provides wrestlers from Northeastern Wisconsin an opportunity to train in Folkstyle, Freestyle, and Greco-Roman wrestling. High level technique is taught fast paced and drilled for mastery at an advanced middle and high school level. Every session will include live wrestling and conditioning. Coaches and volunteers from the Kaukauna area will conduct sessions at Kaukauna High School, one mile east of HWY 55 on County CE.

The first practice session will begin on Tuesday, March 15th, 2016.

- Registration open to wrestlers in High School and advanced Middle School wrestlers
- Pre-Registration forms can be sent to:
 - Jeff Matczak Kaukauna High School: 1701 Cty Hwy CE 54130
 - Phone: 766-6113 (ext. 5133) Email: matczakj@kaukauna.k12.wi.us
 - **Checks made out to Kaukauna Wrestling Club**
- On-Site Registration begins in the KHS commons Tuesday March 15th at 6:30 pm and practice follows from 7-8:30 pm.
- **Practice Dates (18 practices for 9 weeks every Tuesday /Thursday 7:00-8:30)**
 - **March:** 15, 17, 22, 24, 29, 31 **April** 5, 7, 12, 14, 19, 21, 26, 28, **May** 3, 5 10, 12
- **USA Wrestling Card:**
 - A current USA card is also required. USA card membership can be purchased online at usawmembership.com. You must present your card with number before your first practice. A copy of your USA wrestling card can be sent with your pre-registration.

Registration fee: \$125.00 per wrestler with the below signed parent waiver prior to participation. Club membership will be limited to the first 100 wrestlers. Wrestlers who pre-register before Tuesday March 15th or register onsite Tuesday March 15th will receive a Kangaroo Club T-Shirt with their registration fee. Please mark your t-shirt size below. **We will not pro-rate or refund for joining late or quitting.**

Participant Name _____ Grade _____ T-Shirt (YL, AS, AM, AL, AXL, AXXL,)

School _____ E-mail _____

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 _____ Home Phone _____ Alternate Phone during practice _____

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