

# 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 7<sup>th</sup>, 2023.**

- 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@kaukaunasd.org
  - **Checks made out to Kaukauna Wrestling Club**
- On-Site Registration begins in the KHS commons Tuesday March 7<sup>th</sup> at 6:30 pm and practice follows from 7:00-8:30 pm.
- **Practice Dates (18 practices, 7:00-8:30 PM March –May)**
  - **March:** 7, 9, 14, 16, 21, 23, 28, 30 **April** 4, 6, 11, 13, 18, 20, 25, 27 **May** 2, 4
- **USA Wrestling Card:**
  - A current USA card is also required. USA card membership can be purchased online at [usawmembership.com](http://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:** \$150.00 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 7<sup>th</sup> or register onsite Tuesday March 7<sup>th</sup> 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.**

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Participant Name	Grade	T-Shirt Size	YL AM AXL AXXL	AS AL
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: \_\_\_\_\_