

Kangaroo Wrestling Club

Fall 2019 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 2018-2019 middle school and high school season.

Practices will be held at the Kaukauna High School Wrestling Complex (1701 County Road CE) from 7:00-8:30 PM. Practices will be conducted by coaches and volunteers from the Northeast Wisconsin Area.



Fall Session Dates

7:00-8:30 P.M.

Week #1: October 1 & 3

Week #2: October 8 & 10

Week #3: October 15 & 17

Week #4: October 22 & 24

Week #5: Oct. 29 & 31

For Questions Contact

Scott Kluever

(920) 639-9376 kluevercoach@yahoo.com

Registration Form

Fee: \$100 per wrestler

Checks made out to the Kaukauna Wrestling Club

Mail to:

Kaukauna Wrestling Club

1701 County Road CE, Kaukauna, WI 54130

Kangaroo Club t-shirt

is included to those **paid in full by October 2nd**

Please mark t-shirt size below

**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

We will not pro-rate or refund registration for joining late, quitting, or injury sustained during a training session.

Wrestler Information

Wrestler Name: _____ Grade: _____

School: _____ Phone: _____ t-shirt size: _____

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: _____