

## 2012-2013 Butler-Warren Wrestling Club

[www.eteamz.com/butlerwarrenwrestlingclub](http://www.eteamz.com/butlerwarrenwrestlingclub)



**WHO:** All students in grades K-8, regardless of your size or experience. To be eligible to compete, you must have passing grades.

**WHAT:** Although any Student in Grades K-8 may join, the BWWC is designed to give students in grades K-8, who attend Parochial, Private, Charter, or Home School Programs the opportunity to participate in "Scholastic Style Wrestling" (NOT WWE!).

BWWC Wrestlers will compete against other wrestlers of similar age, size, and experience level, from other local teams. Professionals, who have extensive training and knowledge in child development and Wrestling Technique, will coach BWWC wrestlers, with additional help from parents who volunteer!

**\*\*ALL COACHES WILL PASS A BACKGROUND A CHECK\*\***

**WHEN:** K-6<sup>th</sup> Graders Tuesdays and Thursdays beginning 11/13/12  
7<sup>th</sup>-8<sup>th</sup> Graders Monday-Thursdays beginning 11/12/12

**WHERE:** All practices are held at:  
Bishop Fenwick High School  
4855 State Route 122 Franklin, Ohio 45005  
Parents are always welcome to stay and watch practices.

**Entry Fee:** \$65.00 per Wrestler if paid IN FULL by 7/1/12  
\$75.00 if paid IN FULL by 11/13/12  
\$85.00 if paid after 11/13/12

Make Checks Payable to Butler-Warren Wrestling Club

**Fees include:** Instruction  
T-Shirt Shorts  
Uniform  
All Competition fees

(making BWWC one of the most cost effective clubs in the area!)

**REGISTRATION:** See Below

**QUESTIONS:**

George Moore 513-256-8806 [george.moore@cinci.rr.com](mailto:george.moore@cinci.rr.com)

Adam Coffey 513-919-7538 [Adamcoffey@aol.com](mailto:Adamcoffey@aol.com)

**BUTLER-WARREN WRESTLING CLUB REGISTRATION FORM  
WRESTLER INFORMATION**

First Name:	
Last Name:	
Grade/	
School Attending:	
Birth date:	
Approx. Weight:	
Please Circle Y=Youth Sizes A=Adult Sizes	
Singlet Size:	YM YL AXS, AS M AL AXL AXXL AXXXL
Shirt Size:	YM YL AXS, AS M AL AXL AXXL AXXXL
Short Size:	YM YL AXS, AS M AL AXL AXXL AXXXL
Home Phone:	
Father's Name:	
Father's Cell:	
Father's E-Mail:	
Mother's Name:	
Mother's Cell:	
Mother's E-Mail:	
Street Address:	
City, State	
Zip:	

I certify that my son has no injury that would limit his participation in the Butler-Warren Wrestling Club (BWWC). I hereby release, exonerate, and discharge the BWWC, Bishop Fenwick High School and their employees from any and all actions or causes of actions, known or unknown, from injuries incurred in BWWC. I, the above signed parent/guardian, do hereby delegate to the BWWC, its employees or agents, the authority to seek, obtain, and approve any medical care and treatment for the above-named Wrestler, who in their judgment is necessary for the health and well-being of said Wrestler during his attendance at any and all BWWC events. Further, I agree to hold the Bishop Fenwick High or BWWC, its employees or agents, harmless for any liability arising out of any good-faith actions taken in seeking and obtaining medical care and treatment for the above-named Wrestler. All costs incurred are the responsibility of the parent/guardian

**Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*Make Checks payable to Butler-Warren Wrestling Club\*\*\***

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 \$75.00 if paid IN FULL by 11/13/12  
 \$85.00 if paid after 11/13/12

Mail CLUB REGISTRATION FORM and payment to:

George Moore  
 C/O Fenwick Athletic Department  
 4855 St. Rt. 122  
 Franklin, OH 4500

**REGISTRAR INFORMATION ONLY**

Date Postmarked: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check No.: \_\_\_\_\_