

LYONS COMMUNITY CENTER JUNIOR WRESTLING

NAME _____ PHONE _____

ADDRESS _____ EMERGENCY # _____

AGE _____ GRADE _____ WEIGHT _____

PARENT/GUARDIAN _____

MEDICAL INFORMATION

I give my permission for my child to participate in the Lyons Community Center Junior Wrestling Program. The Lyons Community Center, Lyons Central School, nor the junior wrestling coaches will be held responsible for injuries incurred while participating in this activity.

NAME OF FAMILY DOCTOR _____

DOCTOR'S PHONE NUMBER _____

IS YOUR CHILD TAKING MEDICATION?

HAS YOUR CHILD EXPERIENCED A PREVIOUS ILLNESS THAT WOULD IMPAIR HIS ABILITY TO WRESTLE?

***** SHOULD EMERGENCY MEDICAL SERVICES BE REQUIRED FOR YOUR CHILD, MEDICAL PERSONNEL WILL BE CONTACTED IMMEDIATELY!!!**

I HAVE READ THE ABOVE FORM AND UNDERSTAND IT COMPLETELY:

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

LYONS JUNIOR WRESTLING PRACTICE SCHEDULE

February

Wednesday	2 nd	6:00-7:00
Monday	7 th	6:00-7:00
Wednesday	9 th	6:00-7:00
Monday	14 th	6:00-7:00
Wednesday	16 th	6:00-7:00
Monday	21 st	6:00-7:00
Wednesday	23 rd	6:00-7:00
Monday	28 th	6:00-7:00

March

Wednesday	2 nd	6:00-7:00
Monday	7 th	6:00-7:00
Wednesday	9 th	6:00-7:00 (Pizza party)

Note: Due to the lack of appropriate seating, parents will not be allowed in the Wrestling room to watch practice. The fitness room will be open, which is located next to the wrestling room. Parents are welcome to use the Ohmann Fitness Center during practice.