



NASHOBA YOUTH WRESTLING



Dates: Dec 2, 9, 16, 23, 30 Jan 6, 13, 20, 27 Feb 3, 10, 17

Time: 6-8:00pm

Cost: \$75 per wrestler (Checks made payable to **Nashoba Athletics Booster Club**)

Location: Nashoba Regional High School (Lower Gym)

Students in Grades 5-8

Instructor: Nashoba Youth Wrestling Staff along with NRHS Wrestling Staff & Wrestlers

Contact: Scott Cordio - Nashobayouthwrestling@hotmail.com or Nashoba youth wrestling on Facebook

Nashoba High School Highlights
2015 Division 2 State Champions
Come be part of a winning tradition!

HS Season Highlights

- ◆ 2016 Mid-Wach League Champions ◆ D2 Sectional Finalists ◆
- ◆ 12th in New England ◆ 4 in a row Top 10 in the State Finish ◆



Nashoba Youth Wrestling Application

Name: _____ Grade: _____ DOB: _____

Address: _____ City/Town: _____

T Shirt Size _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Phone Number(s): _____

Parent(s)/Guardian(s) Email _____

Emergency Contact Person: _____

Emergency Contact Person Phone Number: _____

(Name of participant) is physically fit to participate in the activities of the Nashoba Youth Wrestling (N.Y.W.). In the event of any medical emergency where representatives of the clinic are unable to contact a parent or guardian of the above participant, I authorize the N.Y.W. personnel to act in my child's best interest and render any necessary treatment, including hospitalization if necessary. I understand that the Nashoba Youth Wrestling Clinic does not provide medical insurance for participants. In consideration for the athlete's participation in and enjoyment of the Nashoba Youth Wrestling, instruction and facilities, I waive, release and forever discharge the clinic, its officers, directors, agents, promoters, and employees, Nashoba Regional HS and the town of Bolton, its officers, directors, agents, promoters, and employees from any responsibility from any and all liability, claim, loss, rights of action, or for accidents and medical or dental expenses present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this program. I waive and release Nashoba Youth Wrestling Clinic and the town of Bolton and Nashoba Regional HS from any responsibility for possessions lost or damaged by weather, water, fire, theft or personal negligence or any injury or illness incurred while at the program or traveling to and from any program activity.

Insurance Provider: _____ Policy #: _____

Signature of Parent/Guardian

Print Name Parent/Guardian