



Apple Valley Wrestling

Youth Club

Session I – Folkstyle (GRADES K-6th, 7th & 8th)

INVITATION: The Apple Valley Folkstyle Wrestling Club is for boys in grades K-8. It will provide kids an opportunity to wrestle & compete in weekend tournaments, and wrestle other kids outside of Apple Valley. It's a great way to improve your skills, make new friends and work with high school coaches and wrestlers.

PROGRAM GOAL:

- Provide an opportunity for our wrestlers to develop and improve their wrestling skills.
- Accomplish individual & team goals through hard work, practice and the participation in individual and potential dual meet tournament competition throughout the metro area.

TIMING: Starts Thursday November 7th at 6:30 PM– 8:15 PM (culminating with the Kids State Individuals and Team Championships – Feb/March 2014).

COST: \$100.00 per session for program (2013-14 Season One/Session Two). \$36.00* for a USA Wrestling card for those who do not currently have or need to update membership card (<http://www.usawmembership.com>). Open weekend tournaments (optional but encouraged) cost approximately \$10.00 each.

SIGN-UPS:

- Monday Nov. 4th, 6:30 – 8:00 PM, sign ups first day of practice Thursday Nov. 7th.
- Practice two / three nights a week with weekend tournaments.
- Schedule will be available online & initial hard copies will be provided.

HEAD COACH: Rudy James - Apple Valley Head Club Coach, National Champion/4-time collegiate All American

PARTICIPANT PROGRAM EXPECTATIONS:

- Organized planned practices providing quality coaching in a positive atmosphere providing improvement on a daily basis. We will work hard, but have fun doing it.
- Knowledgeable high quality coaching provided for both practices & tournament events.

**Questions please call Rudy James (651)321-4621 Rudy.James@AVWrestling.com

Our website: Apple Valley Wrestling - <http://www.avyouthwrestling.com/>
[Online registration available or fill out hard copy with payment]

-----Registration form - Please detach-----

WRESTLER'S NAME _____ GRADE _____ SCHOOL _____

STREET ADDRESS _____ SHIRT SIZE _____

CITY _____ ZIP _____ TELEPHONE _____

EMAIL ADDRESS _____ @ _____ *Date of Birth: _____

FORM OF PAYMENT: CHECK# _____ , CASH AMOUNT \$ _____

I hereby certify that my child is in good health and has my permission to participate in the Apple Valley Wrestling Club. I understand that I will not hold Apple Valley Wrestling nor any of its wrestling staff liable for injuries that my child may acquire while wrestling.

Print Parents or Guardian Name _____

Signature of Parent or Guardian _____ Date _____

"Expect Excellence"