



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **STRENGTH DEDICATION VICTORY**

## **Chicken Hawk Wrestling**

Wrestling is a safe, fun and challenging activity for everybody, regardless of height, weight or physical attributes. The Chicken Hawk Wrestling team is an instructional/developmental program that emphasizes the seven basic skills of wrestling: stance, motion, level change, penetration step, back-step, back-arch, and lift. Through experienced coaching staff and a high-discipline environment, and competition; participants will learn the skills of wrestling while building character.

This year, we will have a Rookie Season and Full Season.

Rookie Season: November 1—January 28

Full Season: November 1—March 10

### **PRACTICES**

Tuesday & Thursday 6-7:30pm

*-No practice during school holidays or school cancelations.*

### **TOURNAMENTS**

- Our team typically competes in 2 local tournaments a month, beginning in December.
- We encourage carpooling to insure everyone can attend.
- A schedule of tournaments will be provided at the start of the season.
- Tournaments generally have a \$13 registration fee and a \$3-\$6 spectator fee for parents and family members. These costs are not covered by the YMCA and are typically due on the Thursday night practice before each tournament.
- Tournaments are not mandatory, but all members of the team are encouraged to compete. Medals are typically awarded for the top 3 finishers in each weight/age division.



### **REGISTRATION:**

YMCA Members: \$45.00

Non-Members: \$70.00

\*Includes an SCYW membership, team shirt, and the use of a team competition singlet.

\*\*Financial Assistance is made available through the YMCA Open Doors Campaign

## **Wrestling Registration Form**

Participant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Concerns \_\_\_\_\_

**Member Rate: \$45.00      Non-Member Rate: \$70.00**

### **RELEASE OF LIABILITY**

In the event an accident occurs, I am aware that the Y does not provide accidental insurance, and I will not hold the Y responsible for any injury.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_