

# HHH THUNDERBIRD YOUTH WRESTLING CLUB NOVEMBER 4<sup>th</sup> - MARCH 25<sup>th</sup> GRADES K-8<sup>th</sup>

@ HALF HOLLOW HILLS EAST HS  
MONDAYS & WEDNESDAYS

K - 3<sup>rd</sup> 5:30 - 6:30

4<sup>th</sup> - 8<sup>th</sup> 6:30 - 7:45

APPROVED FOR DISTRIBUTION  
AUG 26 2019  
DR. PATRICK HARRIGAN  
SUPERINTENDENT OF SCHOOLS

**\*\*SESSIONS ARE ONLY HELD WHEN SCHOOL IS OPEN IF ALL AFTER SCHOOL ACTIVITIES ARE CANCELLED**

This is not a HHHCS  
sponsored or endorsed  
activity.

**DUE TO WEATHER THIS INCLUDES THE YOUTH PROGRAM. \*\***

The Thunderbird Wrestling  
Club is a 501C3 non-for-profit  
organization!

## WRESTLING BUILDS...

\* A STRONG WORK ETHIC \* TOUGHNESS \* STRENGTH \* SELF-CONFIDENCE  
\* PHYSICAL CONDITIONING \* DISCIPLINE \* AGILITY \* DETERMINATION

Clinicians featuring HHH East Coaching Staff and Pascarella Brothers !!

**FOR MORE INFORMATION: VISIT [WWW.HILLSEASTWRESTLINGTEAM.COM](http://WWW.HILLSEASTWRESTLINGTEAM.COM)**

**COACH DAVEY - CALL 631-241-1671 OR EMAIL: [TBIRDWRESTLINGCLUBHHH@GMAIL.COM](mailto:TBIRDWRESTLINGCLUBHHH@GMAIL.COM)**

# COST : \$200

**\*\* SIBLINGS DISCOUNT 25% for 2<sup>nd</sup> & 50% for 3<sup>rd</sup>  
COST INCLUDES T-SHIRT & USA WRESTLING CARD**

PLEASE MAKE CHECKS PAYABLE TO : THUNDERBIRD WRESTLING CLUB  
SEND REGISTRATION AND CHECK TO:  
BILL DAVEY ATTN: KID WRESTLING  
5 BURNS COURT. GREENLAWN, NY 11740

**\*\* ADDITIONAL REGISTRATION WILL TAKE PLACE AT PRACTICE \*\***

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ USA CARD #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

APPROX. WEIGHT: \_\_\_\_\_ WRESTLING EXPERIENCE \_\_\_\_\_ yrs. T-Shirt Size (Please circle one) YS - YM - YL - AS - AM - AL - AXL

### Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.  
You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.  
You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

mm  
8/23/11