

MASSAPEQUA YOUTH WRESTLING

2016-2017



Boys 2nd to 6th Grade

Three ways to register

1. Register via email to Rserrano@msd.k12.ny.us . Complete Friends of Massapequa Wrestling (FOMW) Youth Registration form and email. Make check payable to Friends of Massapequa Wrestling and mail to Ron Serrano. 1255 Minerva Avenue. West Islip NY 11795.
2. Register by completing FOMW registration form and mail to Ron Serrano. 1255 Minerva Avenue. West Islip NY 11795.
3. Registration at Burns Park Boat House (Located in Rear of Park by Boat Ramp)
 - a. Wednesday October 26, 2016 7:00pm – 9:00pm
 - b. Saturday November 5th, 2016 9:00am-12:00pm

Massapequa Youth Wrestling

Days: Mondays and Wednesdays 7:00-8:15pm at MHS wrestling room

Dates: December 5th- February 9th

(Two practices per week at Massapequa High School or Berner Middle School)

Cost: \$175

Coaches: Ron Serrano- Varsity Wrestling Coach, Varsity Boys Soccer Coach
Matt Delorenzo- Ivy league Columbia Graduate. NCAA Div 1 qualifier
James Ondris- Nassau County Champion, Captain of SUNY Cortland team

Visit www.massapequawrestling.com for more information

Or

Google: Friends of Massapequa Wrestling Website

**Friends of Massapequa Wrestling
Youth Registration Form**

Name _____ DOB ____/____/____

Phone _____ Grade _____ Age _____

Address _____
(Street) (Town) (Zip)

School Attending _____ Email _____

Has your child ever Wrestled before? _____ If yes where _____ How long _____

Parents/Guardian names _____

Parent/Guardian cell #'s _____

Emergency Contact Info other than Parent/Guardian _____

Relationship _____ Phone _____

Shirt Size _____ Short Size _____

Waiver/Consent:

I, _____ *the parent or legal guardian of* _____

assume full responsibility for my child in case of any emergency or injury or losses that he/she may incur or suffer directly or indirectly from practice, competing or traveling to or from or participating in any events relating to The Friends of Massapequa Wrestling Inc. I acknowledge that participating in Wrestling is at our own risk. Furthermore, I acknowledge that any individuals that are at or watching any of the events of Wrestling with the Friends of Massapequa Wrestling Inc at there at their own risk. We hereby release and hold harmless The Friends of Massapequa Wrestling Inc, the Facility whereby we are participating in/at or any others persons or groups associated with the organization. I also give permission to render emergency care and/or call upon emergency personnel as required in the event of an emergency and/or injury. Only registered Wrestlers and Coaches are permitted in practice rooms. We reserve the right to terminate any membership for any reason without recourse or explanation.

Signature _____ Date _____

Parent participation: In order for any program to be a success parents need to participate as volunteers. We need help in the following areas.....

Assistant coaches, phone calls, emails, fund raisers, team parent, secretarial.

What are you interested in? _____

Your best contact # and email _____

Internal use below line

Payment method _____ Registration fee _____ Amount paid _____ Check # _____ Level _____

Practice group _____ Singlet Paid _____ Date _____ Proof of age _____