



Quaker Youth Wrestling Club 2021-2022

Are you looking for a sport that engages your child and keeps them active and focused during the winter months? How about a sport that teaches your child discipline and self-defense?

The Quaker Youth Wrestling Club offers just that! Participants are taught the basics of wrestling in a positive, encouraging, and structured environment by experienced coaches and athletes. All ability and skill levels are welcomed!

Ages/Grades: K - 6th grade

Season: December 2nd – March 10th

Days/Times: Tuesday & Thursday 6:00-7:30pm

Practice Location: Orchard Park Middle School Auxiliary Gym

Equipment Needed: Headgear, wrestling shoes, & water bottle (mouthguard, knee pads optional)

Cost: \$125 (\$95 for additional children in the same family)

*****Please note: Full payment is due by the 2nd week of practice.**

Venmo @quakerwrestling club or Checks can be made payable to "Quaker Wrestling Club, Inc.":
Each wrestler will receive a club hoodie

Participation in regional weekend tournaments is encouraged, but not required. We will be attending a couple as a team, including a Novice tournament for first and second year wrestlers.

New this year! All wrestlers will be required to register for an individual NYWAY Membership. This covers insurance and also allows for participation in NYWAY sponsored events. Please click this link to register prior to the start of the season: (cost is \$17 per wrestler)

<https://www.nyway.org/individualmembership>

We are working to provide an extended season for experienced wrestlers (more than 2 years of experience). Please indicate on the registration form if you are interested, as well as your availability.

For more information and to register, contact:

Club President: Jeffrey Simmons via (716)228-5306 (text/call) or email
jeffrey.e.simmons@gmail.com

****See attached for registration form****

Note: If registering siblings, EACH wrestler will need their own registration form.

Registration Form

Wrestler's Name: _____

D.O.B. _____ **Grade:** _____

Sweatshirt Size: Youth S, M, L, XL: _____

Parent/Guardian Contact Information:

Name(s): _____

Home Address: _____

Cell Phone #: _____

Email: _____

Emergency Contact Information: (if parent is unable to be reached):

Name: _____

Cell Phone #: _____

****Does your child have any medical concerns?**

___Yes___No

****If so, please provide a brief description:**

Extended Season: My wrestler is interested in participating in an extended season. Please check dates of availability. Cost is TBD.

Month	Monday	Tuesday	Wednesday	Thursday
October				
November				
December				
January				
February				
March				
April				
May				

Email Form to Jeffrey.e.simmons@gmail.com