**CORONADO WRESTLING CLUB**

**March 27, 2023 through the end of May**

The Freestyle and Greco Club will go every Tuesday and Thursday at 5:30pm. Ages 10 and up are welcome.

**WHEN: Tuesday and Thursday from 5:30pm-7:00pm**

**WHERE:** Coronado High School Gymnasium (Upstairs in the Wrestling Room)

1590 West Fillmore Street.

**REGISTER:** Register in person in the wrestling room at Coronado High School.

**COST:** $80.00 for these sessions that will go until the end of May.

**(Please make checks payable to: (Coronado Wrestling Club)**

For information contact: Matt Brickell 719-229-9470

Clinton Brickell 719-432-7282 Eric Metcalf 719-237-8173

Brady Chauvin 719-424-2425

**2023 Freestyle and Greco Wrestling**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disclaimer: In consideration of your acceptance of my entry, I intend to be legally bound, hereby for myself, my heirs, executor, and administrators, waive and release the Westside Wrestling Camp, Coronado High School, and members, from all claims to injury or rights to damage for traveling to and from, participating, or attending the Westside Wrestling Camp.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance coverage Yes \_\_\_\_\_No \_\_\_\_\_\_**