



Lake Erie Wrestling Club Powered by Oregon Clay Wrestling



Our Philosophy: The purpose of the Lake Erie Wrestling Club is to instill a love and passion for the sport of wrestling, this will be accomplished by positively coaching the youth, having fun in practice, stressing positive attitudes and teaching perseverance. Our goal is the development of athlete skills with the goal of building a competitive Youth, Junior High and High School wrestling program.

Registration: November 1st, 2016 at Oregon Clay HS Wrestling Room 6:00-7:30pm

Season Dates: November 1st, 2016 thru Grade School State /TOC 2017 (22 weeks roughly)

Contact Information: Drew Lashaway – Dlashaway@oregoncs.org 419-308-4613
Kevin Contos – KCContos2@gmail.com 419-262-1566

Head Coach: Kevin Contos
15 Years Coaching Experience
World Team Member
University of North Carolina
6x Cadet/Jr. National All American
2x Ohio State Placer
Freestyle & Greco Roman State Champion
AAU Jr. Olympic Gold Medalist

Assistant Coach: Drew Lashaway
2x Div. I NCAA National Qualifier
Mid American Conference Champion
Kent State University
Assistant Coach Kent State University
AAU Jr. Olympic Gold Medalist
Div. II Ohio State Champion
National Assistant Coach of the Year @ Mass. Perry HS

Costs:

Beginners/Noncompetitive

- \$100.00, which includes: 2 practices per week on Monday and Wednesday's.

Advanced Level/ Tournament Team

- \$180.00, which 3-4 practices per week: Monday, Tuesday, (Wednesday is optional), and Thursday.
- Entry paid into the following local Youth Wrestling tournaments:
 - Oregon Clay Battle at the Bay @ Clay HS on Nov. 27, 2016
 - Biddy PIT @ Perrysburg HS on Jan. 8, 2017

********Make all checks payable to: Lake Erie Wrestling Club********

Workout Schedule:

- **Mondays** – All wrestlers practice together concentrating on functional training (athleticism) in the areas of strength, speed, balance, and tumbling. This is a very important facet of wrestling and all sports that is often overlooked.
- **Tuesday** –Advanced or Tournament Team Wrestlers – Advanced technique and training for more competitive wrestlers.
- **Wednesdays** – Beginners and Novice (2 years or less experience) This day is total introductory to wrestling (Optional day for Advanced or Tournament Team Wrestlers).
- **Thursday** - Advanced or Tournament Team Wrestlers – Advanced technique and training for more competitive wrestlers.

Name: _____ Age _____ Grade _____

Address: _____ City _____ Zip _____

Phone #: _____ School: _____

E mail: _____ Birthdate: _____

Advanced/ Tournament Team or Beginner **Please Circle One**

******DO NOT CUT OFF, FILL OUT BOTH SIDES OF FORM AND RETURN WITH PAYMENT ON NOVEMBER 1, 2016******

**Lake Erie Wrestling Club
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Emergency Medical Information Form**

Student/Athlete Name: _____ *Age:* _____

Address: _____ *City* _____ *ST* _____ *Zip* _____

INSURANCE INFORMATION: (PLEASE PRINT NEATLY)

Mothers Name: _____ *Fathers Name:* _____

Mothers Phone # _____ *Fathers Phone #* _____

Name of Insurance Carrier: _____

Policy Group Number: _____ *Policy Certificate or ID #:* _____

MEDICAL INFORMATION: (write "None" if not applicable)

Medications presently being used:

Medication that the student is allergic to:

Please list any other important medical history/data about this student:

MEDICAL AUTHORIZATION FORM

I hereby give permission for emergency treatment of above student-athlete by physicians, school sports medical staff, coaches, EMT's, or hospital emergency room personnel for treatment for any illness or injury resulting from, or affecting, his/her athletic participation. Also, in the event that I cannot be reached, I hereby authorize and give permission to take my child to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit my child for treatment. I further understand that all expenses and liability for said expenses incurred with respect there to shall be fully assumed by me. Also, I am aware of the risks in wrestling, and in consideration of my son's/daughter's participation in the Lake Erie Wrestling Club, I hereby agree to indemnify and hold harmless, Oregon City Schools and its Administration along with the coaching staff, its students, employees, volunteers, sponsors, and agents, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of or relating to my son/daughter's use or presence at these facilities. I attest that I have read and understand this assumption of risk and waiver of liability and that I am the child's parent or legal guardian.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND RETURNED TO COACH CONTOS or LASHAWAY BEFORE YOU WILL BE ALLOWED TO PARTICIPATE IN THE CLUB!!!