

LAKE ERIE WRESTLING CLUB

A AAU/USA CHARTERED WRESTLING CLUB NATIONAL AAU JUNIOR OLYMPICS

TRAINING SESSIONS BEGIN ON MARCH 21, 2017 thru MAY 18, 2017

CLUB CLINICIANS:

- **ERIC CUBBERLY:**
 - o 2x Ohio State Champion
 - o 4x Fargo Freestyle and Greco Roman All-American
 - o 2x Super 32 Champion
 - o 4 yr. wrestler at Central Michigan University
 - o Midlands Place Winner
 - o Jr. USA World Team Trials Qualifier
- **KEVIN CONTOS:**
 - o 20 years Coaching Experience
 - o 2x Ohio HS State Placer
 - o Jr. World Team Member
 - o Jr. World Placer
 - o University of North Carolina
- **DREW LASHAWAY:**
 - o 1x Ohio HS State Champion
 - o 1x MAC Champion
 - o 2x Div. I NCAA Qualifier
 - o 4 yr. wrestler at Kent State University
 - o '14 National Asst. Coach of the Year

WHAT IS THE LAKE ERIE WRESTLING CLUB?

LAKE ERIE WRESTLING CLUB IS A OFF SEASON WRESTLING PROGRAM THAT FOCUSES ON TEACHING FREESTYLE AND GRECO-ROMAN WRESTLING TO DEDICATED WRESTLERS

WHO QUALIFIES FOR THE CLUB?

ALL JUNIOR HIGH, HIGH SCHOOL OR COLLEGE WRESTLERS ARE ELIGIBLE TO PARTICIPATE IN THE CLUB.

WHAT REQUIREMENTS ARE NEEDED TO JOIN?

- **CLUB MEMBERSHIP FEE**
- o \$90 REGISTRATION FEE \$75(additional sibling)

USA WRESTLING MEMBERSHIP CARD

- o Must have either a USA or AAU card before member can practice
- o USA Card may be purchased at:
<http://www.usawrestling-ohio.org/>
<http://www.ausports.com>

ITEMS THAT YOU NEED TO REGISTER FOR CLUB:

- **REGISTRATION FORM (Backside) & FEE** (Make checks payable: Lake Erie Wrestling Club)
- **EMERGENCY MEDICAL PERMISSION (Backside)**
Must be completely filled out and signed by parent/legal guardian

REGISTRATION LOCATION & DATE:

CLAY HS - MONDAY MARCH 21, 2017 5:00 – 6:00 pm

FIRST PRACTICE IS MARCH 21, 2017 @ CLAY HS

CLUB PRACTICE AND FOCUS:

THE CLUB'S PRACTICE AND FOCUS WILL BE ON TECHNIQUE, DRILLING, LIVE WRESTLING AND THE BUILDING MENTAL TOUGHNESS.

LOCATION/SCHEDULE:

- CLAY HIGH SCHOOL
 - o 5665 Seaman Rd. Oregon, OH 43616
 - o **PRACTICES - Tuesday/ Thursday**
 - o **6:00 – 7:30PM**

FOR MORE INFORMATION CALL or EMAIL:

Eric Cubberly – 419-349-3561

ECubberly@gmail.com

Kevin Contos – 419-262-1566

KContos2@yahoo.com

Drew Lashaway – 419-308-4613

DLashaway@oregoncs.org

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Registration Information:

Wrestler's Name: _____ Parent's Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Parent's Cell _____ Age: _____
Date of Birth _____ School: _____ Grade: _____ E-Mail _____
USA Wrestling Card Number: _____

In consideration of the above named wrestler's allowed participation in the Lake Erie Wrestling Club, we, and our heirs, administrators and estates hereby waive, release and discharge the Oregon City Schools, Administrators, the Lake Erie Wrestling Club and any coach, officer and volunteer affiliated or associated in any way with said Club (here after all collectively referred to as the Released Parties) from any and all demands, claims and suits of any type for any damages and injuries of any nature regarding or concerning the above named wrestler at anytime, and we further, jointly and severally, agree to hold harmless and indemnify the Released Parties, jointly and severally, from any demands, claims and suits of any type for such damages and injuries.

Parent's/Guardians Signature: _____ Date: _____

Wrestler's Signature: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called

Physician: _____ Dentist: _____

Medical Specialist: _____ Local Hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I here by give my consent for:

1. The administration of any treatment deemed necessary by above named doctors, or, in the event of designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

Parents Name (Printed) _____

Parent/Guardian Signature: _____ Date _____

Insurance Company: _____ Insurance Policy#: _____

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