

JUNIOR RIDER WRESTLING

WHO: K through 8th graders

WHEN: Mondays- K – 2nd grade from 6:00 – 7:30pm

Tuesdays- 3rd – 8th grade from 6:00 - 7:30pm

Thursdays- 3rd – 8th grade from 5:30 – 7:00pm

WHERE: Roosevelt High School Wrestling Room

WHY? Learn basic skills, improve coordination, and build strength, self-Confidence, self-control and self-esteem.

Practice begins on Monday November 11th.

Practice includes learning moves, wrestling with teammates and playing wrestling related games.

Wrestlers will need a T-shirt, shorts, a water bottle and **SHOES NOT NORMALLY WORN OUTSIDE OR TO SCHOOL.** *The room is hot, don't wear sweats!*

FEE: \$30 FOR K THROUGH 2ND GRADERS

\$45 FOR 3RD THROUGH 8TH GRADERS

Fee is payable to the ROOSEVELT WRESTLING CLUB. The fee includes a T-shirt, and several meets. Interested JR. RIDERS also may enter the JOHN R. COOK MEMORIAL TOURNAMNET for a reduced rate of \$5. The JOHN R. COOK MEMORIAL is Dec.7th WRESTLING SHORTS WILL BE AVAILABLE TO PURCHASE IF DESIRED.

\$5 late fee for registration received on and after the first day of practice.

PARENTS: There will be a brief meeting the 1st day of practice to answer questions and distribute practice and meet schedule.

PARENTS ARE ENCOURAGED TO BE AS INVOLVED AS POSSIBLE!

Practices and meets will run until February 14. A new practice schedule will be implemented for all Junior Rider Wrestlers who are interested in competing in the Kids State AAU Tournament.

If you have any questions please call **Daryl Dotson** at, **515-447-8219** or email at **daryl.dotson@dmschools.org**

*YOU MAY MAIL IN YOUR REGISTRATION OR REGISTER THE FIRST DAY OF PRACTICE. Early registration is strongly encouraged so we can focus on the kids the first day. **Additional \$5 fee to register on or after the 1st day of practice.***

REGISTRATION

ROOSEVELT HIGH SCHOOL AND THE STAFF OF THE JUNIOR RIDER WRESTLING PROGRAM WAIVE ANY AND ALL RESPONSIBILITY FOR INJURIES THAT MAY OCCUR TO ANYONE PARTICIPATING IN OR WATCHING THE WRESTLING PROGRAM.

PARENT NAME _____

ADDRESS _____ ZIP _____

BIRTHDATE _____

MAKE CHECKS PAYABLE TO THE ROOSEVELT WRESTLING CLUB

DATE _____ CHECK CASH

MAIL PAYMENT TO **ROOSEVELT WRESTLING CLUB, ROOSEVELT HIGH SCHOOL,**

4419 CENTER STREET, DES MOINES, 50312

PAYMENT MAY BE DELIVERED THE FIRST DAY OF PRACTICE
I GIVE PERMISSION FOR THE PARTICIPANT NAMED ABOVE TO PRACTICE AND
COMPETE WITH THE JUNIOR RIDER WRESTLING CLUB MEMBERS, STAFF AND
WRESTLERS FROM OTHER CLUBS. I ACCEPT FULL RESPONSIBILITY FOR THE
INDIVIDUAL'S BEHAVIOR AND ACTIONS. I WILL NOT HOLD ROOSEVELT HIGH
SCHOOL OR THE JUNIOR RIDER WRESTLING STAFF RESPONSIBLE OR LIABLE FOR
ANY ACCIDENTS DURING PRACTICE, MEETS OR ARRIVAL AND DEPARTURE FROM
THE EVENTS SCHEDULED BY THE JUNIOR RIDER WRESTLING PROGRAM.

PARENT\GUARDIAN SIGNATURE _____

PARENT EMAIL ADDRESS _____

PHONE NUMBER _____

Wrestler's name _____ cash ___ check ___

Grade _____ school _____ shirt size YS YM YL AS AM AL AXL AXXL

Weight _____ Years of experience _____

**UPDATES SCHEDULES AND CANCELLATIONS POSTED
VIA EMAIL**

Please include your email address above.

REMODELED WRESTLING ROOM NO STREET SHOES!

**Don't forget to list shirt size by grade and
school!!**