



CLEARVIEW JUNIOR WRESTLING 2018-19 REGISTRATION



Open to Mantua & Harrison residents 5-12 years old. The wrestling season will begin the week of November 12th and runs through February. Practices are at the Wrestling Building or Clearview High School.

CHALLENGE YOUR CHILD WITH A SPORT THAT WILL TEACH HIM:

- CONFIDENCE, SELF-ESTEEM, FOCUS, AND DISCIPLINE
- AGILITY, BALANCE, SPEED, AND QUICKNESS
- ATHLETICISM THAT WILL BENEFIT ANY OTHER SPORT HE PARTICIPATES IN THROUGHOUT THE YEAR
- GREATER COORDINATION, MORE ENDURANCE AND INCREASED STRENGTH
- THE RELATIONSHIP BETWEEN EFFORT AND ACHIEVEMENT
- INDIVIDUAL COMPETITION WHILE BEING A PART OF A TEAM

Registration will be held at the Clearview Jr Wrestling Building located at 401 Main Street, Mantua (behind the Police Station):

Monday, Oct. 22nd from 6:30 – 7:45pm; Monday, November 5th from 7:00 – 8:00 pm

NEW WRESTLER PARENTS MEETING AT 8pm on 11/5

Mail in registration also accepted. Send to: CJW, 360 Montgomery Dr, Mantua, NJ 08051.

A copy of the child's birth certificate is required at registration, even if the child has wrestled in our program prior to this year.

2018-19 FEES FULL REFUND IF YOUR CHILD FINDS THE SPORT IS NOT FOR HIM (By December 10)

The registration fee is \$150 for one child, \$125 for second child and \$100 for third child. This fee is due at registration. Make checks payable to **Clearview Junior Wrestling**.

Parent Orientation for New Wrestlers Monday 11/5/18 at 8:00PM at the Clearview Jr. Wrestling Building.

This is a very informative meeting that will give you all of the information you will need to prepare for your child's wrestling season. This meeting is highly recommended for all parents, especially new parents to the program.

Equipment Wrestling Shoes & headgear are required. They can be purchased at Modell's or Dick's.

We will also have our annual "Shoe Turn In" --- you may find a pair of shoes donated by someone who has a growing wrestler.

DIVISION	YEAR BORN
TOT (Ages 5-6)	2012-2013
BANTAM (Ages 7-8)	2010-2011
MIDGET (Ages 9-10)	2008-2009
JUNIOR (Ages 11-12)	2006-2007

**For more information:
Lee Colon 856-625-4752
lcolon360@gmail.com**

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Wrestler's First Name: _____ Last Name: _____

Date of Birth: _____ Approximate Weight: _____ lbs.

Address: _____ Town: _____ Zip: _____

Home Phone Number: _____ Email Address: _____

School Attending: _____

Parents/Guardians Information:

Mother _____ Cell Phone #: _____

Father: _____ Cell Phone #: _____

I _____ give permission for my child to participate with Clearview Junior Wrestling. I will not hold the organization and sponsors, their employees and associated personnel, including the owner of the buildings and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participating in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Date: _____

(signature of parent/guardian)

Emergency Contact Information Please list whom you would like us to contact if needed during practice/matches etc.

Name: _____ Relationship: _____ Home Phone #: _____

Cell Phone#: _____

Cash _____ Ck# _____ Division _____