



2021-2022

# Spencerport Jr. Rangers Wrestling



**Beginning in 1994, Jr. Ranger Wrestling has introduced over 1,400 kids to scholastic wrestling. Many Jr. Rangers continued on to be members of Monroe County, Section V and NYS championship teams at Spencerport High School.**

- Practices are held Mondays & Thursdays: November 29<sup>th</sup> - January 27<sup>th</sup> in Spencerport High School Wrestling Room from
  - Grades K – 3: 6:00 to 7:15 pm
  - Grades 4 – 6: 7:30 to 8:45 pm
- Open to Spencerport & non-Spencerport residents
- Membership includes: Technique instruction & drills, live wrestling & club shirt
- A valid NYWAY insurance card is required for club participation
  - <https://www.nyway.org/individualmembership>
- NYSPHSAA COVID Protocol: Masks must be worn for all indoor sports & spectators

**Registration Fee: \$50.00**

- Send registration form and club fee to: Spencerport Jr. Rangers, 23 Ashview Dr, North Chili NY 14514
- Checks made payable to: Jr. Rangers Wrestling
- Walk in registrations are welcome

**Questions?** Contact Coach Dan Glover at [dglover@spencerportschools.org](mailto:dglover@spencerportschools.org)

Wrestler's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Pre-existing medical conditions (e.g. allergies or chronic illness): \_\_\_\_\_

Shirt size (Circle One): YS YM YL S M L XL      Approx. Weight: \_\_\_\_\_

**INFORMED CONSENT FORM**

I hereby give my permission for \_\_\_\_\_ to participate in the Spencerport Junior Rangers Wrestling Club; to provide emergency treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participation in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risks conditions associated with the sport. All such risk to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child. I do further release, indemnify and hold harmless the Spencerport Junior Rangers Wrestling Club, Spencerport School District, the organizers, and the supervisors and any and all of them.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_