



## 2022 – 23 GT Elementary Wrestling Registration

*Be a champion... join Butler Golden Tornado Wrestling!*

The Elementary Wrestling program consists of a Novice (less than 2 years wrestling experience) and an Experienced (2+ years of wrestling experience) program open to boys/girls grades 1<sup>st</sup> through 6<sup>th</sup>. The program is sponsored by Butler Area Wrestling Boosters (<https://www.facebook.com/ButlerWrestling>).

### The registration fee of \$160 covers:

- Registration
- \$40 Mandatory Raffle Fundraiser (you will keep the money from the sale of the tickets)
- Singlet (if a new one is needed)
- Warm-ups (Hooded Sweatshirt and sweatpants)
- 2 Tickets to *Meet the Matmen* Spaghetti Dinner (1 Adult, 1 Child)
- Min. of 2 nights a week instruction
- Entry into Western Area Wrestling Association Matches
- Insurance rider on your insurance policy

\*A copy of you're the child's birth certificate is required

\*Families with more than one elementary wrestler will receive \$20.00 off the registration fee for each additional wrestler.

The season concludes with the WAWA League Tournament and the PA Jr. Olympic State Tournament

### Practice begins the week of Nov. 14<sup>th</sup>.

- Novice Practice: Tuesdays and Thursdays from 6:00 PM to 7:30 PM at the Intermediate High School Wrestling room.
- Experience Practice: 6:00 PM to 7:30 PM Mondays at the Intermediate High School Wrestling Room and Wednesdays at the Legacy Wrestling Building

### Sign Up:

#### In person sign-ups will be held:

Thursday, October 20, 2022, and Thursday October 27, 2022

From: 6:00 p.m.-7:00 p.m.

At: Legacy Wrestling Building – 232 East North Street, Butler

**Mail in Registration:** All Mail-In Registrations must be received by Nov 1<sup>st</sup> at midnight and include a copy of the child's birth certificate.

Butler Area Wrestling  
Attn: Brandy Caldwell  
111 Springhouse Dr  
Butler Pa 16001



You can complete the registration form ahead of time online by scanning the QR code above or visiting: <https://forms.gle/7TwfDueBqyvZdcRRA>. \*If choosing this option payment and birth certificate can be submitted either at an in-person sign up or mailed in.

Questions: Contact Brandy Caldwell by email at [GTElementaryMom@gmail.com](mailto:GTElementaryMom@gmail.com)

Coach Stoner by email at [gtwcoach@gmail.com](mailto:gtwcoach@gmail.com) or call 724-504-5241



## 2022-23 BUTLER GT ELEMENTARY WRESTLING REGISTRATION

WRESTLER'S NAME: \_\_\_\_\_  
(First, Middle, Last)

BIRTH DATE: \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT: \_\_\_\_\_ Grade: \_\_\_\_\_

YRS EXPERIENCE: \_\_\_\_\_ ELEM. SCHOOL / DISTRICT: \_\_\_\_\_

HOME ADDRESS: (Street): \_\_\_\_\_  
(City): \_\_\_\_\_ PA (Zip): \_\_\_\_\_

Uniform info: Uniform samples will be available at each sign-up night.

Sweatpants Size \_\_\_\_\_ Sweatshirt Size \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Singlet Size \_\_\_\_\_

1. PARENT / GUARDIAN NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. PARENT / GUARDIAN NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL #: \_\_\_\_\_

WRESTLER'S DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby give permission to an authorized official to obtain professional medical attention for my son/daughter due to injury/illness in the event of an emergency. I, \_\_\_\_\_ parent/guardian, give my consent to the hospital and physician to perform or administer emergency care and treatment to my son/daughter.

NAME OF INDIVIDUAL CARRYING CHILD ON INSURANCE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

We hereby acknowledge that participation in the sport of wrestling involves a risk of injury, which could include severe injuries, and that these injuries may occur as a result of unavoidable accidents. We accept these risks in giving our son/daughter consent to participate in the elementary wrestling during the season and release Butler Area Wrestling officials, all Western Area Wrestling Association officials, sponsoring bodies, their officers, tournament officials, committees, and referees from all liability.

PARENTS FULL NAME (printed): \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_