

OUR GOAL

As a coaching staff, our goal is to promote and teach the sport of Wrestling to our youth, while teaching good sportsmanship, personal development and healthy living.

WHAT TO EXPECT

All athletes will be taught the basic fundamentals of wrestling. This includes but is not limited to: Stance, movement, takedowns, breakdowns, pinning combinations, escapes and conditioning. Each practice will be a mix of these core techniques, conditioning and activities/games to keep the practices fun and engaging. Kids will be paired by age and ability and receiving instruction from a staff ranging from our Varsity wrestlers up to and include our Varsity Coach, Ron Gross.

WHO

Any student enrolled in East Irondequoit Schools in grades K-6 are eligible to participate. No experience is necessary!

DETAILS

- Practices will be held on Tuesday's and Wednesday's from 6-7:30pm at Eastridge High School
- Meet in the wrestling room
- Cost is \$50 for the entire season
- Each wrestler will receive a club T-shirt
- Kids should come to practice with shorts, T-shirt and socks or wrestling shoes if they have them
- Additional dual meet team available for older wrestlers (additional cost)

DUAL MEET TEAM

- Additional practice on Thursdays for just the dual meet team to receive more advanced training
- Cost is \$50 for the entire season (in addition to cover meet cost and uniform)
- Each wrestler will receive a 2 piece Lancer Wrestling uniform (to Keep)
- Kids should come to practice with shorts, T-shirt and socks or wrestling shoes if they have them
- Team will have at least 8 dual meets to compete towards a league title
- Team will be selected based on age/grade and experience and comprised of up to 15 kids



EAST IRONDEQUOIT JR. LANCERS



2019 YOUTH WRESTLING

NO EXPERIENCE NECESSARY!

Sponsored by East Irondequoit Athletic Association

COACHING STAFF

Ron Gross - Varsity Head Coach
 Cell - (585) 645-5450
 rdg6207@gmail.com

Bill Netchke - JV Coach
 Tom Kennard - Asst Coach

Wayne Brockman - Modified/Youth Coach
 Cell - (585) 339-8420
 wbrockman44@gmail.com

Jim Delly - Youth Wrestling Coach
 Cell - (585) 615-2934

**At least
 2 Varsity
 Wrestlers at
 each
 practice**

- Please bring registration on December 11th to the first practice
- Late registration is *ACCEPTIBLE!*
- The cost includes an EIAA Youth Wrestling T-Shirt



We are again going to be a part of the GRYWL for the 2019 season. This has been a great addition to our program as we continue develop and grow our program from the bottom up. It gives our older and more experienced wrestlers an opportunity to compete in a dual meet setting against other youth teams in our area. We will have about 8 matches between the dates of January 9th and March 16th. These meets will follow the same format as a high school dual meet.

The matches start from the lowest weight class of 50lbs through 135 pounds and and not to exceed 160 pound competitors. Wrestlers may be subject to "wrestle offs" in order to compete in the dual meets. There is a minimal fee to participate and interested wrestlers should contact Wayne Brockman or Jim Delly.

PRACTICE SCHEDULE

Every Tuesday & Wednesday starting December 11th from 6pm - 7:30pm
 Thursdays from 6pm - 7:30pm

December - 11, 12, 13*, 18, 19, 20*
 January - 2, 3*, 8, 9, 10*, 15, 16, 17*, 22, 23, 24*, 29, 30
 February - 5, 6, 7*, 12, 13, 14*, 19, 20, 21*, 26, 27 (Pizza Party), 28*
 March - 5*, 6*, 7*, 12*, 13*, 14*

*Practices for only Dual meet team (Thursdays)

Please bring this form in on December 12th

Wrestlers Name _____

Phone # _____ Emergency Phone # _____

Email for updates _____

School _____ Grade _____

Please Circle one
 T-Shirt Size Youth: S M L Adult: S M L XL

Method of Payment Cash _____ Check _____

Checks made payable EIAA

EIAA (EAST IRONDEQUOIT ATHLETIC ASSOCIATION)
 WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child, _____, to participate in the
 (Please Print Child's Name)
 EIAA Youth Wrestling program.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

 Initial Here

As consideration for being permitted by the EIAA to participate in this activity, I hereby release and hold harmless EIAA volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold the EIAA (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to EIAA to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to EIAA to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

EIAA does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. EIAA also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE EIAA AND SIGN IT OF MY OWN FREE WILL.

NAME _____ Date _____