

TO: 3rd-5 th Grade Boys	
WHAT: 6 days of wrestling instruction, 3 meets	
COST: <u>FREE</u> - UNLESS YOU WANT A T-SHIRT – T-shirt Cost is \$10	
Feb 29 – Monday	All schools Practice 3:40-4:30 pick up 4:40
March 1 - Tuesday	All schools Practice 3:40-4:30 pick up 4:40
March 2 – Wednesday	All schools Practice 3:40-4:30 pick up 4:40
March 3 – Thursday	Some schools Practice 3:40-4:30 pick up 4:40 MEET: Be here at 5:15 , wrestle at 6; Parkwood, Wilson, Spring Hill, TJ, Riverside, Utica
March 7 - Monday	All schools Practice 3:40-4:30 pick up 4:40
March 8 - Tuesday	Some schools - Practice 3:40-4:30 pick up 4:40 MEET: Be here at 5:15 , wrestle at 6, Meet at Jeff High for - Utica, Northaven, Bridgepoint, Maple, Parkwood, Wilson
March 9 - Wednesday	All- Schools practice
March 10 - Thursday	Some schools - Practice 3:40-4:30 pick up 4:40 MEET: Be here at 5:15, wrestle at 6 – Meet at Jeff High for Spring Hill, TJ, Riverside, Northaven, Bridgepoint, Maple All schools Practice 3:40-4:30 pick up 4:40
March 15 th – THE MAIN EVENT - Monday	MAIN EVENT – JUST 2 ROUNDS OF WRESTLING – be here 5:15 – wrestle at 6
WHERE: Practices will be held at your elementary school. Meets are at Jeff High Gymnasium	
DRESS: t-shirt, shorts, wrestling / tennis shoes (NO STREET SHOES)	
THE MAIN EVENT: March 15th (tourney) --- Arrive 5:15; wrestle @ 6 pm-all kids wrestle 2x	
AWARDS: A red or blue ribbon for each match wrestled, top grade from each school will receive a trophy	
SUPERVISION/COACHES: volunteer parents/teachers, and JEFF VARSITY WRESTLERS	
LEAGUE DIRECTOR: Danny Struck 812-786-2308 (best to text)	
Utica: Marc Fridley 812-989-8311	Spring Hill: TBA
Wilson: April Holder aholder@gcs.k12.in.us	Bridgepoint: Patti Munoz pmunoz@gcs.k12.in.us
Maple: Mac Burns	Riverside: Greg Ferraro – 502-744-5887
Parkwood: Lori Gavin lgavin@gcs.k12.in.us	Northaven: TBA
Thomas Jefferson: Jordan Schremp 812-725-2769	

PLEASE PASS THIS OUT TO THE STUDENTS

YOU WANT MORE WRESTLING AFTER THE LEAGUE IS OVER? JOIN TEAM JEFF:

Practices: preK-5th grade Tuesday and Thursday 6:15-7:30 pm (on-going)-Mr. Somerville– 502-821-4199

****TEAM JEFF COMES WITH A FEE – we will pass this out at practice**



TEAM JEFF WRESTLING



@ TJWRESTLING



@TJWRESTLING

JHS WRESTLING WEB SITE: www.tjwrestling.com

_____ has my permission to attend the wrestling clinics. I will pick up my child promptly at 4:40 after practice (see your practice schedule).

_____/____/16 **Please complete and return the first day of practice.**
Signature of parent or gaurdian date

Wrestlers will weigh in at the first practice: **Weight of Wrestler:** _____

I have enclosed \$10 and want a Jeff Wrestling t-shirt in my school colors – size: _____

Please complete and return the first day of practice



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COME BE A PART OF OUR SUCCESS!

Jeffersonville Wrestling Accomplishments

- 2013 Greco Roman State Champions
- 2012, 2011, 2010, 2009, 9007 Sectional Champs
- 2012, 2010, 2009 HHC Champs
- 2x ISWA Club of the Year
- USA Wrestling Gold Medal Club
- Coaching staff is 15x Coaches of the Year
- 20+ kids have wrestled in college in 8 years
- wrestled in New Zealand, Australia, Scotland, Japan, Mongolia, Poland, and Turkey
- 13 IHSAA State Qualifiers in the past 9 years
- 10 Academic All-State in the past 11 years
- our Team Jeff wrestling club has had over 80 state champions!

Cut here

Name: _____ DOB: ____/____/____ Grade: ____ Teacher: _____

School: _____ Family Dr: _____ Phone: _____

Home Address: _____ Home Phone : _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Did your dad wrestle in high school? _____

Does he have the urge to get into club coaching? _____

BEST EMAIL ADDRESS TO CONTACT YOU AT: _____

(SPECIFY ADULT OR CHILD SIZE!) You may order more than one shirt, enclose pay I have enclosed \$10 and want a Jeff Wrestling t-shirt in my school colors – size(s): _____

_____, As a parent or legal guardian of the participant named above, I hereby authorize the director of the wrestling camp and his subordinates, to seek any medical and/ or surgical treatment which is reasonably thought to be necessary for the care of my child. The camp director is authorized to incur medical costs necessary to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize payment directly to the medical facility