

# PLYMOUTH SOUTH MIDDLE SCHOOL WRESTLING CLUB

## Mail to:

Coach Chris Sheridan  
49 Wall Wind Dr.  
Plymouth, MA 02360  
chris1sheridan@yahoo.com  
781-217-8457



## Attention Wrestlers:

Our Plymouth South Middle School Wrestling Club 2018-2019 season will run from December 10th until the middle of February. We will be practicing on Monday's (7:00-8:00) and Thursday's (7:00-8:00) in the Halftime facility at Plymouth South High School. If school is closed due to weather, school vacation, or a holiday, there will be no practice that day. This program will be offered only to wrestlers in the 4<sup>th</sup>-8<sup>th</sup> grade. The goal of our youth program is to teach the fundamentals of wrestling and to expose young wrestlers to the health and fitness aspects associated with the sport.

**THE PLYMOUTH SOUTH HIGH SCHOOL WRESTLING TEAM IS ONE OF THE TOP RANKED WRESTLING TEAM IN THE STATE OF MASSACHUSETTS. Just about every wrestler on that team participated in this youth program.**

We ask for committed wrestlers who may want to compete in various dual meets and tournaments which are held from early January through the end of February. The fee to join will be \$120 per wrestler. Please make the payment out to Plymouth Youth Wrestling and mail to the address above. The wrestlers competing in dual meets/tournaments will be provided with a wrestling singlet and headgear and may be charges a small fee to enter those competitions.

Wrestling is a great sport for exercise and self-discipline. We need dedicated athletes to join our youth program so the Plymouth South and North High School programs can continue the success they have achieved over the past years. Our goal is not only to teach the kids how to wrestle, but also to motivate them and give them confidence. We look forward to seeing you on the mat. Any questions please call: Chris Sheridan at 781-217-8457.

Sincerely,

Chris Sheridan

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Parents Email \_\_\_\_\_ @ \_\_\_\_\_

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Plymouth South Middle School Wrestling Club, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with wrestling and in consideration for the Plymouth South Middle School Wrestling Club accepting the registrant for its wrestling programs and activities, I hereby release, discharge and/or otherwise indemnify the Plymouth South Middle School Wrestling Club, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize use of player photos on the league's website or in newspapers.

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Wrestler's Name	Parent/Guardian Signature	Date	Phone Number
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