

PLYMOUTH SOUTH YOUTH WRESTLING CLINICS



MAIL TO: Marc Loranger/Wrestling School Director
44 Peter Road
Plymouth, MA 02360
PSHSPE@aol.com
(774)-454-6915

Potential Wrestlers,

Our youth wrestling season will run from December 6th until January 17th on Thursday nights from 5:30 until 6:30 p.m. On Thursday January 17th, we will be holding a takedown tournament in the gym. We will not practice during school vacation week. Any students who are in K through 3rd grade are invited to join our wrestling clinics. The goal of our youth wrestling clinics is to teach the fundamentals of wrestling. Each wrestler will be grouped into weight classes according to age. Our youth clinics are run with low impact so that the young athletes are comfortable. We will practice in the wrestling room at the new half time facility next to the game field. The Fee to join will be \$100. Please make the payment to: Plymouth Youth Wrestling and mail this form with payment to: Marc Loranger, 44 Peter Road, Plymouth, MA 02360. We do accept walk in registration on December 6th but pre-registration is preferred. Every wrestler will receive a free Plymouth South Youth Wrestling tee shirt.

Plymouth South High School has one of the top wrestling programs in the State of Massachusetts. We have won seventeen league titles and five Division-1 South Sectional Titles. Wrestling is a great sport for exercise and self discipline and we need dedicated athletes to join our youth program so that we can continue our success. My goal is not only to teach the kids how to wrestle, but also to motivate them and give them confidence. Every year we have over 50 kids in our program and the feedback has been nothing but positive. I look forward to seeing you on the mat.

Sincerely,

Marc A. Loranger
Wrestling School Director

Plymouth South Wrestling 2011-12, 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18 League Champs

Wrestler: _____ Age: _____ WT: _____

Mailing Address: _____

Email Address: _____

Grade: _____ Tee Shirt Size (please indicate adult or youth): _____

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Plymouth South Youth Wrestling, and it is affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with wrestling and in consideration for the Plymouth South Youth Wrestling accepting the registrant for its wrestling programs and activities, I hereby release, discharge and/or otherwise indemnify the Plymouth South Youth Wrestling, 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.

Parent/Guardians Name

Parent/Guardian Signature

Date

Contact#

