



# CLEARVIEW JUNIOR WRESTLING 2021-2022 REGISTRATION



Open to Mantua & Harrison residents 5-12 years old. The wrestling season will begin the week of November 29<sup>th</sup>. Practices are at the Wrestling Building or Clearview High School.

**CHALLENGE YOUR CHILD WITH A SPORT THAT WILL TEACH :**

- CONFIDENCE, SELF-ESTEEM, FOCUS, AND DISCIPLINE
- AGILITY, BALANCE, SPEED, AND QUICKNESS
- ATHLETICISM THAT WILL BENEFIT ANY OTHER SPORT HE PARTICIPATES IN THROUGHOUT THE YEAR
- GREATER COORDINATION, MORE ENDURANCE AND INCREASED STRENGTH
- THE RELATIONSHIP BETWEEN EFFORT AND ACHIEVEMENT
- INDIVIDUAL COMPETITION WHILE BEING A PART OF A TEAM

Registration will be held at the Clearview Jr Wrestling Building located at 401 Main Street, Mantua (behind the Police Station):

**Monday October 25<sup>th</sup> , Monday November 1<sup>st</sup> , Wednesday November 3<sup>rd</sup> from 7:00 – 8:00 pm**

**\*\*\*\*\*NEW WRESTLER PARENTS MEETING AT 8pm on 11/8\*\*\*\*\***

**Mail in registration also accepted. Send to: CJW, 332 Whig Lane Road Pilesgrove, NJ 08098**

A copy of the child's birth certificate is required at registration, even if the child has wrestled in our program prior to this year.

### 2021-2022 FEES

The registration fee is \$175 for one child, \$150 for second child and \$125 for third child. **Uniform order forms will be available at registration.** The uniform will be yours to keep and maintain. Make checks payable to **Clearview Junior Wrestling.**

**Parent Orientation for New Wrestlers Monday 11/8/21 at 8:00PM at the Clearview Jr. Wrestling Building.**

This is a very informative meeting that will give you all of the information you will need to prepare for your child's wrestling season. This meeting is highly recommended for all parents, especially new parents to the program.

**Equipment** Wrestling Shoes & headgear are required. They can be purchased at Dick's and available online.

We will also have our annual "Shoe Turn In" --- you may find a pair of shoes donated by someone who has a growing wrestler.

DIVISION	YEAR BORN
TOT (Ages 5-6)	2015-2016
BANTAM (Ages 7-8)	2013-2014
MIDGET (Ages 9-10)	2011-2012
JUNIOR (Ages 11-12)	2009-2010

**For more information:**

**Kori Covely 856-272-6449**

**clearviewjrwrestling@yahoo.com**

"Like" us on Facebook: Clearview Junior Wrestling

Website: [www.clearviewjuniorwrestling.com](http://www.clearviewjuniorwrestling.com)

Wrestler's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Division: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_ lbs.

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Parents/Guardians Information:**

Mother \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**I \_\_\_\_\_ give permission for my child to participate with Clearview Junior Wrestling. I will not hold the organization and sponsors, their employees and associated personnel, including the owner of the buildings and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participating in the programs and/or being transported to or from the same, which transportation I hereby authorize.**

\_\_\_\_\_  
(signature of parent/guardian) Date: \_\_\_\_\_

**Emergency Contact Information** Please list whom you would like us to contact if needed during practice/matches etc.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Cash \_\_\_\_\_ Ck# \_\_\_\_\_ Division \_\_\_\_\_