

# LAKE ERIE WRESTLING CLUB

A USA CHARTERED WRESTLING CLUB  
NATIONAL AAU JUNIOR OLYMPICS

**TEAM PLACEMENTS**  
2010 - COPPER MEDAL  
2008 - GOLD MEDAL  
2006 - COPPER MEDAL  
2004 - BRONZE MEDAL  
2003 - SILVER MEDAL  
2002 - GOLD MEDAL  
2001 - BRONZE MEDAL

## WHAT IS THE LAKE ERIE WRESTLING CLUB?

LAKE ERIE WRESTLING CLUB IS A OFF SEASON WRESTLING PROGRAM THAT FOCUSES ON TEACHING FREESTYLE AND GRECO-ROMAN WRESTLING TO ENTHUSIASTIC WRESTLERS.

## WHAT IS THE CLUB'S FOCUS?

LAKE ERIE WRESTLING CLUB IS DESIGNED TO IMPROVE A WRESTLER'S UNDERSTANDING OF THE SPORT, AS WELL AS, GIVE DETERMINED AND FOCUSED YOUNG WRESTLERS A PLACE TO WORKOUT AND ENHANCE THEIR SKILLS. LAKE ERIE WRESTLING CLUB PLACES EMPHASIS ON QUALIFYING FOR STATE, REGIONAL AND JR. NATIONAL TOURNAMENTS.

## WHO IS QUALIFIED FOR THE CLUB?

ALL JUNIOR HIGH, HIGH SCHOOL OR COLLEGE WRESTLERS ARE ELIGIBLE TO PARTAKE IN THE CLUB.

## WHAT REQUIREMENTS ARE NEEDED TO JOIN?

THE FOLLOWING REQUIREMENTS MUST BE MET BEFORE PARTICIPATION IN CLUB ACTIVITY

## CLUB MEMBERSHIP FEE:

- \$125 - REGISTRATION FEE  
Includes USA card and T-Shirt
- \$80 - FEE FOR EACH SIBLING.

## USA WRESTLING MEMBERSHIP CARD:

ALL WRESTLERS MUST HAVE A 2013 USA WRESTLING CARD BEFORE THEY MAY PRACTICE. WE CAN RENEW OR APPLY FOR THESE CARDS WHEN YOU REGISTER ON ONE OF THE TWO DATES LISTED BELOW.

## ITEMS THAT YOU NEED TO REGISTER:

- REGISTRATION FORM & FEE  
(Make checks payable: Lake Erie W. C.)
- EMERGENCY MEDICAL PERMISSION  
(Must be signed by Parent/Guardian)

## YOU WILL ALSO NEED IF NEW TO LAKE ERIE WRESTLING CLUB:

- COPY OF BIRTH CERTIFICATE

## REGISTRATION PLACES AND TIMES:

WRESTLERS MUST REGISTER AT EITHER ONE OF THESE DAYS.

CLAY - MON. MARCH 11 - 6:00 - 8:00  
SPRINGFIELD - TUES. MARCH 12 - 6:00 - 8:00

FIRST PRACTICE STARTS WEEK OF MARCH 18 @ SPRINGFIELD AND MARCH 19 @ CLAY.

## THE CLUB PRACTICE FOCUS:

THE CLUB'S FOCUS DURING PRACTICE WILL BE INTENSE DRILLING AND LIVE COMBAT. THERE WILL BE A SPLIT SESSION AT CLAY TO SEPARATE JR HIGH AND HIGH SCHOOL BEGINNERS IF NECESSARY.

## LOCATIONS/SCHEDULES:

### CLAY HIGH SCHOOL

5665 Seaman Rd. - Oregon 43616  
PRACTICES - TUESDAYS/THURSDAYS 6 - 8

### SPRINGFIELD HIGH SCHOOL

1470 S. McCord Rd - Holland 43528  
PRACTICES - MONDAY/WEDNESDAY 6 - 8

## FOR MORE INFORMATION CALL:

TROY McLAUGHLIN - 419-693-6761 - HOME  
419-376-1753 - CELL

SEE BACK SIDE FOR REGISTRATION AND EMERGENCY MEDICAL FORM. BRING THIS WITH YOU TO REGISTER ON EITHER MARCH 11 OR MARCH 12.

# LAKE ERIE WRESTLING CLUB REGISTRATION FORM

Wrestler's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent's Cell \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
USA Wrestling Card # \_\_\_\_\_ E-Mail \_\_\_\_\_  
Circle your T-Shirt Size:    S    M    L    XL    XXL

In consideration of the above named wrestler's allowed participation in the Lake Erie Wrestling Club, we, and our heirs, administrators and estates hereby waive, release and discharge the Oregon and Springfield School Systems and Administrations, Lake Erie Wrestling Club and any coach, officer and volunteer affiliated or associated in any way with said Club (hereafter all collectively referred to as the Released Parties) from any and all demands, claims and suits of any type for any damages and injuries of any nature regarding or concerning the above named wrestler at anytime, and we further, jointly and severally, agree to hold harmless and indemnify the Released Parties, jointly and severally, from any demands, claims and suits of any type for any such damages and injuries.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Wrestler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION FORM

### Part I: To Grant Consent:

I hereby give consent for the following medical care providers and local hospital to be called

Physician: \_\_\_\_\_ Dentist : \_\_\_\_\_  
Medical Specialists: \_\_\_\_\_ Local Hospital: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. The transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are:

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian Signature

Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

### Part II: Refusal to Grant Consent

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the club's authorities to take the following action:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Signature

**Make Checks Payable to Lake Erie Wrestling Club / LEWC**

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_