

Garrett Wrestling Club & Camp



We will concentrate on building your child's character, as well as teaching what it takes to succeed in the sport of wrestling. The sport of wrestling teaches self-confidence, discipline, focus, and goal setting, amongst other things. We encourage you to give wrestling a try, even if you have never wrestled. Wrestling will expose your child to strenuous physical fitness routines that will help them gain balance, strength, and full body coordination.

Garrett Youth Wrestling Camp is designed for beginners. The camp will help build the foundation needed, and gain experience for future years of competition.

Camp Eligibility: Any child grades K through 3rd grade.

Cost: \$20 per wrestler (each additional sibling is only \$15)
This includes practices sessions, matches at the City Tournament, T-Shirt, & free entry into a High School Home Wrestling Match.

Practices: K-3 = 6-7pm November 8, 13, 15, 20, 27, and 29th

City Tournament: December 3rd in GMS Gym @ 12pm. (All camp and club members)

Garrett Wrestling Club is designed to prepare elementary and middle school aged wrestlers for Dual Meets and Individual Tournaments. Anyone who joins the club in grades K-3 can also do the camp at no additional cost.

Club Eligibility: Any child K-8th grade that has a USA Wrestling Card – (Must renew annually- \$35)

Must be purchased online. Go to: <https://www.usawmembership.com/login>

Cost: \$20 per wrestler (each additional sibling is only \$15)
This includes practices sessions, T-Shirt, matches at the city tournament, entry to Garrett Folkstyle Open, entry into the Columbia City Elementary Duals (K-6th grade), entry into Garrett HS Invite.

Practices: K-8 = 6-7:30pm - November through February (mostly Tues/Thurs. nights – Calendar will be available at registration)

City Tournament: December 3rd in GMS Gym @ 12pm. (All camp and club members)

Columbia City Elementary Duals: December 10th (we will take 1 wrestler per weight class)

Garrett Folkstyle Open: January 14th (All can wrestle with a USAW Card)

Registration: Wrestling room (located by the Performing Arts Center)

Date – Monday, November 6th (enter through door 10 by PAC)

Time – 5-6pm

Checks – need to be made out to Garrett Wrestling Club

Early registration: Forms and payment can be brought to the JE Ober or Middle School offices prior November 6th.

Questions: Contact Luke Fielden (260) 357-5745 / lfielden@gkb.k12.in.us

Garrett youth wrestling CAMP registration form

Wrestler's name _____

Parent / Guardian's name _____

Address _____

Phone # _____

Wrestler's info

Grade _____

Age _____

Approximate weight _____

Years of experience _____

T-Shirt Size (please indicate youth or adult) _____

Emergency contact info

Name _____

Phone # _____

Medical Waiver:

I hereby give my son permission to take part in the Garrett Youth Wrestling Camp. I will not hold the director of the camp, coaching staff, or Garrett-Keyser-Butler School Corporation liable for any injuries that might occur. I also certify that my son has no injury that might limit his participation in the camp. I, the parent or guardian, do hereby delegate the Garrett Wrestling Camp Director authority to seek, obtain, and approve medical care and treatment for the named minor. Also, I acknowledge insurance to cover such injury.

Parent Signature _____

Please list any medical problems, medication or allergies:

\$20.00 payment (\$15 for each additional child from same family)

Amount Paid _____ (checks made out to: Garrett Wrestling Club)

**Garrett Wrestling CLUB
Registration Form**

Wrestler's name _____

Parent / Guardian's name _____

Address _____

Phone # _____

Parent's email _____

Wrestler's info

Date of Birth _____

USAW Card # or Online Membership Id _____

Approximate weight _____

Years of experience _____

T-Shirt Size (please indicate youth or adult) _____

Emergency contact info

Name _____

Phone # _____

Please list any medical problems, medication or allergies:

Medical Waiver:

I hereby give my son permission to take part in the Garrett Wrestling Club. I will not hold the director of the club, coaching staff, or Garrett-Keyser-Butler School Corporation liable for any injuries that might occur. I also certify that my son has no injury that might limit his participation in the club. I, the parent or guardian, do hereby delegate the Garrett Wrestling Club Director authority to seek, obtain, and approve medical care and treatment for the named minor. Also, I acknowledge insurance to cover such injury.

Parent Signature _____

Make checks payable to: Garrett Wrestling Club

Office Use: (\$20.00 Club Dues) Amount Paid _____