



CLEARVIEW JUNIOR WRESTLING 2022-2023 REGISTRATION



Open to Mantua & Harrison residents 5-12 years old. The wrestling season will begin the week of November 28th. 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 24; Tuesday, November 1; Wednesday, November 2 --- all dates are from 7:00 – 8:00 pm

We will have a parent meeting & "Meet the Coaches" for each age division the first week of practice

Mail in registrations are 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.

2022-2023 FEES --- Registration fees were REDUCED this year!

The registration fee is \$150 for one child, \$125 for second child and \$100 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 Meeting and Meet the Coaches for all age divisions will take place first week of practice.

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)	2016-2017
BANTAM (Ages 7-8)	2014-2015
MIDGET (Ages 9-10)	2012-2013
JUNIOR (Ages 11-12)	2010-2011

For more information:

Kori Covely 856-272-6449

clearviewjrwrestling@yahoo.com

"Like" us on Facebook: Clearview Junior Wrestling

Website: 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.

Date: _____

(signature of parent/guardian)

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 _____