

2012-2013 LITTLE RANGER WRESTLING



WHO: All boys - FIRST Grade through SIXTH Grade

WHAT: A team that will practice two times a week and wrestle in a league on Sunday afternoons.

WHERE: PRACTICE - FRANKLIN ELEMENTARY SCHOOL - Wrestling Room - located Franklin & Lewis

WHEN: PRACTICE - TUES & THURS 7:00-8:30 PM and some SATURDAYS FOR VARSITY

COST: \$80 non-refundable (This will include a t-shirt, shorts, and singlet) ALL YOURS TO KEEP!

EQUIPMENT: Gym shorts or sweat pants and clean gym shoes must be worn for practice. Head gear is mandatory.

DIRECTOR: Vinnie Curiale (High School Head Coach) 216-509-7322 VIN2236@yahoo.com

HEAD COACH: Rob Gallo (Head Coach Little Rangers) 216-254-1038 HRIGALLO@yahoo.com
Refer any questions to: COACH CURIALE

REGISTER: MUST HAVE A CURRENT PHYSICAL ON FILE OR AT THE TIME OF REGISTRATION

Online at www.lakewoodrecreation.com (physical must already be on file)

In person at Lakewood Recreation, 1456 Warren Rd. Lakewood, OH 44107

By Phone: (216)-529-4081

Hours: M-TH 8:30 AM - 5:30 PM, FR 8:30 AM-5:00 PM

Mail or Drop Box also acceptable

Make checks payable to Lakewood Board of Education

(payment must accompany form if mail or drop box)

Lakewood Board of Education
Betsy Bergen Shaughnessy President
Edward Favre, Vice President
Linda G. Beebe
Tom Einhouse
Emma Petrie Barcelona

DEADLINE: FRIDAY, NOVEMBER 16 - NO EXCEPTIONS!

Name: _____ Email: _____

Street Address: _____ Age: _____ Weight: _____ DOB: _____

City, Zip: _____ Grade: _____ Phone: _____

T-Shirt size: _____ (youth med, youth lg, small, med, lg, xl)

Short size: _____ (youth med, youth lg, small, med, lg, xl)

Singlet size: _____ (xxxs (3xs) xxs (2xs), xs, small, med, lg, xl)

Singlet Size Chart	
Size	Weight
xxxs	45-60 lbs
xxs	61-85 lbs
xs	86-105 lbs
sm	106-130 lbs
med	131-160 lbs
lg	161-190 lbs
xl	191-220 lbs

ORDERS ARE FILLED BY WHAT YOU WRITE IN THE BLANKS
NO EXCHANGES OR RETURNS

Do you have hospitalization? _____ If so, what firm? _____

In the case of injury and you cannot be reached, which hospital should your child be transported to?

Hospital: _____ Doctor's name: _____

I, the undersigned, have read and understand the above and give my consent to have my child enter the LAKEWOOD RANGER Recreational Wrestling Program to be conducted in our community and I agree not to hold the sponsor or supervising personnel liable for any claims arising from injuries sustained by my child during the above program. My son has had a physical examination within the past 18 months and was given permission to participate in vigorous activity by the attending physician.

Parent or Guardian's Signature: _____