

Ankeny Wrestling Club
Sign-up for 1st thru 7th Grade

For more information visit
www.ankenywrestlingclub.com

Important Dates:

<u>What</u>	<u>When</u>	<u>Time</u>	<u>Location</u>
1.) Parent's Meeting	October 27	7:00 - 8:00 pm	Northview Lunchroom
2.) 1 st Practice (Junior's - 1 st -3 rd)	November 10	6:00 - 7:30 pm	Northview Wrestling Room (Usually Monday's)
1 st Practice (Senior's - 4 th - 7 th)	November 11	6:00 - 7:30 pm	Northview Wrestling Room (Usually Tuesday & Thursday's)
3.) Registration Due	November 20		Receive a <u>FREE</u> Wrestling Club T-Shirt
4.) Pictures	December 8	6:00 - 6:30 pm	Northview East Gym (Both Jr. & Sr.) (Individual pictures 6:00-6:20 and Team picture approx. @ 6:20 pm)
5.) Iowa State Meet	November 23	7:00 pm	Hilton Coliseum, Ames
6.) Inter-squad meet	December 12	6:30 pm	Northview (East Gym) - Friday Night
7.) Ankeny Wrestling Tournament	January 18	9:00 am	Ankeny High School (Check your weigh-in time)
8.) Wrestling Banquet	February 2	6:30 - 8:30 pm	High School Lunchroom (Pit)

Board Members

<u>Name</u>	<u>Phone number</u>	<u>E-Mail</u>
President Roger Sledge	964-8012	Roger.Sledge@cummins.com
Vice President/Head Coach Dave Powell	964-2067	k4powell@aol.com
Assistant Coach/Tournament Director Tim Simpkins	964-7568	theduke702@aol.com
Assistant Coach Dan Kelly	965-5606	keldtk@aol.com
Treasurer/Registrar Becky Bradish	289-0187	bradish21@msn.com
Assistant Tournament Director/Pictures Mike Fontana	965-6729	Ankenyhawk@mchsi.com

(Please detach and either hand-in or mail the information below. Keep the information above)

Registration fee: \$45.00/ wrestler * Includes required AAU Card, Club T-Shirt, and Memory Mate Picture (Single and Team)
 \$80.00/ for 2 wrestlers * Fees must be paid by November 20th to receive a Club T-Shirt
 * Complete AAU Information below.

Make check payable to: Ankeny Wrestling Club
Mail to: Kim Powell
 3120 NW 87th Lane, Ankeny, IA. 50023

Check wrestling level:
 _____ Junior (0-2 years experience/ 1st - 3rd)
 _____ Senior (more than 3 years/4th - 7th)

Wrestler's Name: _____

Father's Name: _____

Address: _____

Father's Work Phone: _____

City: _____ Zip: _____

Father's E-mail: _____

Phone: _____ Birth date: _____

Mother's Name: _____

Grade: _____ Approximate weight: _____

Mother's Work Phone: _____

Age (As of 09/15/08): _____

Mother's E-mail: _____

List any medical problems or prohibition wrestler has: _____
 Person to notify in an emergency: _____ Phone: _____
 Doctor to notify in an emergency: _____ Phone: _____

Parental Support: We ask for active participation of parents in our program. Check the area(s) in which you would like to help.
 ___ Assistant Coach ___ Tournament Help (Ankeny Tournament only) ___ Private Donation (enclosed)

Please write the number of shirts you want to order by the sizes listed below.
Include \$10.00 for each shirt. Your wrestler's shirt is free.
You can write one check for both the registration and the wrestling club t-shirts.

Youth: Small _____ # Medium _____ # Large _____ #

Adult: Small _____ # Large _____ # XL _____ # 2XL _____ # 3XL _____ #

Please fill out the AAU Information below for your child including your signature.

AAU Information:				Sport Code: WR Association Code: IA				Check one: <input checked="" type="checkbox"/> Athlete ___ Coach ___ Official ___ Volunteer							
Date of Birth	Age	Sex ___ Male ___ Female	Date of Application			Check one: <input checked="" type="checkbox"/> Youth Program ___ Adult Program									
First		Middle		Last		Added Benefit: <input checked="" type="checkbox"/> Yes ___ No									
Address								Club Name: Ankeny Wrestling Club							
City								State		Zip Code		Are you already with Health & Accident Insurance? ___ Yes ___ No			
Email				Area Code		Phone		I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office. NOTE: Parent / Guardian signature required if member under 18 years old.							
Member signature _____															
Parent/Guardian signature _____															