



“A MATCH LASTS MINUTES, YOUR CHARACTER LASTS A LIFETIME”

To develop kids into hard working and dependable student-athletes.

Open to Sandusky Area Students in K-6th Grade.

Season Dates & Fees:

- Fee \$100 for season or \$10 drop in per session
 - Additional family member \$50/each
- November 15 – January 26
- Mondays & Wednesday 6:00-7:30

Practice Location: SMCC Wrestling Room

Practices will be conducted in Sandusky Central Catholic Wrestling Room (under Gym). Enter through glass door #7 near diagonal parking on W. Jefferson St. Please enter school to drop off and pick up your student. The room is down the stairs and to the right. Enter and change shoes in fitness room 2169. Practice times and days may change due to School Activities.

Contact Information: Drew Opfer drewopfer@gmail.com (216)403-7162

or coach@smccwrestling.com

All Info can be found

Facebook: smccwrestling

or

Twitter & Instagram: pawrestling



PAW REGISTRATION FORM

Wrestler Name _____ Grade: _____ School _____

Shirt Size: _____ Shorts Size: _____

2nd Wrestler Name _____ Grade: _____ School _____

Shirt Size: _____ Shorts Size: _____

3rd Wrestler Name _____ Grade: _____ School _____

Shirt Size: _____ Shorts Size: _____

Parent Name _____

EMAIL: _____ Cell Phone # _____

Address: _____ City: _____

Other Contact/Parent _____

EMAIL: _____ Cell Phone # _____

Address: _____ City: _____

I hereby agree to indemnify and hold harmless, Sandusky Central Catholic and its Administration along with the coaching staff, its students, employees, volunteers, sponsors, and agents, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of or relating to my son/daughter's use or presence at these facilities. I attest that I have read and understand this assumption of risk and waiver of liability and that I am the child's parent or legal guardian.

Parent/ Guardian Signature _____ Date _____

\$100 per Wrestler (\$50 for additional family member) Registration covers shorts, shirt and practice instruction.

Not covered by registration fees: Shoes, Headgear, Tournament Fees

**Make Checks payable to Central Catholic Athletic Boosters Check made out to CCAB or paypal
coach@smccwrestling.com**

FILL OUT FORM AND RETURN WITH PAYMENT ON 1st Day of practice

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND RETURNED TO COACH Opfer