

# CENTRAL CATHOLIC LITTLE VIKINGS WRESTLING

*Join us for an information session and come meet the team!*

**Wednesday 10/20/2021 & Friday 10/22/2021 at 6:00-7:30pm**

*at the Walson Center - St. John Vianney Regional School*



## Contact:

Coach Jason Robbins

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@AllentownCentralCatholicLittleVikings

Valley Elementary Wrestling League

[www.VEWL.org](http://www.VEWL.org)

## Registration Fees

First Child - \$100.00

Sibling Discounts Available

\*No Commitment until November\*

## All Boys Kindergarten to 6<sup>th</sup> Grade

No Experience Necessary!

### Practices:

Wednesday & Friday 6-7:30pm

Starting October 20, 2021

### Location:

*St. John Vianney Regional School*

*Walson Center (Gymnasium)*

210 N 18th St, Allentown, PA 18104

### Matches:

All matches will be held Saturdays or Sundays throughout the Lehigh Valley

Age and Experience are Considered

## **Sign Ups now through October 29th!!**

Bring the registration form to an information session or practice. We will have copies available as well.



# Little Vikings Wrestling

Wrestler's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

School \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Name of Parent or Guardian:

\_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## WAIVER, RELEASE AND AUTHORIZATION

I hereby acknowledge that participation by the child listed above in the Little Vikes Wrestling ( LVW) and related activities is at my sole discretion and judgment as the parent or guardian of the child. I understand that participation in the LVW involves inherent risk of physical injury. I, on behalf of my child, hereby assume all such risk. I hereby release and agree to hold harmless LVW from all and any claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any LVW activity which may be suffered by the child named above. In case of injury or illness to the child named above requiring immediate medical attention, I hereby authorize the representatives of LVW to act for me in any medical emergency in accordance with their best judgment, including 911 emergency care if deemed necessary or appropriate. I understand that any and all charges resulting from this medical treatment will be billed to me at my home address or to my medical insurance carrier. I further understand that the LVW are not responsible for lost or stolen property. I understand that this waiver, release and authorization is to be governed by and constructed under the laws of the state of Pennsylvania, without giving effect to its conflict of laws principles, and intended to be as broad and inclusive as permitted by the laws of such state. I agree that if any portion of this waiver, release and authorization is held invalid, the remainder of the waiver, release and authorization will continue in full force and effect. I further affirm that the venue for any legal proceedings shall be in Pennsylvania.

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Signature of Parent of Guardian

Date