

Capilano Wrestling Program for Girls and Boys in Grades 1 to 4

Dear Parents and Students,

My name is Kate Walker. I am a parent of a grade 1 student at Sherwood Park Elementary School in the North Vancouver School District. I am excited to provide you with information regarding a community wrestling program which I will be running for girls and boys in Grades 1 to 4. The Capilano Wrestling Club is registered with BC Wrestling and the program will take place at Carson Graham Secondary School, located at 2145 Jones Ave, North Vancouver.

I have been involved in wrestling for over 25 years as an athlete and coach. As a certified coach, I have coached athletes with a variety of abilities and performance levels. Ian McDonald a teacher at Carson Graham Secondary School with over 30 years of experience coaching wrestling and rugby in North Vancouver will be assisting me with the coaching.

Wrestling is a wonderful sport. It develops body awareness and improves physical strength and conditioning. Most importantly, it helps students increase self-esteem and confidence. During practice participants will be grouped by age and size to ensure their safety and enjoyment. I look forward to introducing the students of this community to the amazing sport of wrestling.

Registration

Forms and Fees must be received by Tuesday, April 10th, 2018

Mail or Deliver to: Kate Walker, 209 – 1305 Welch Street, North Vancouver, BC, V9P 9B6

Who: Girls and Boys Grades 1 - 4

Cost: \$70 (cost includes registration, t-shirt, pizza party)

Make Cheque payable to Capilano Wrestling

Details: Space is limited. Only the first 30 registrations will be accepted.

Practises

When: Tuesdays & Thursdays, April 17th – May 10th

Time: 6:00pm -7:00pm

Where: Carson Graham Secondary School (Small Gym)

Parents are encouraged to attend the first practise, so we can show how we run our practises with a focus on safety and fun.

If you have any questions please do not hesitate to contact me and I would be pleased to provide you with more information.

Sincerely,

Kate Walker

604-351-4840

Kate@lautenwoodworking.com

Capilano Wrestling Elementary Program Registration

Registration Procedure:

o Please complete this form in full and return by Tuesday, April 10th, 2018

o **PLEASE NOTE:** Registration will be limited to 30 participants

NAME OF PARTICIPANT: _____

AGE/GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: (_____) _____ 2ND PHONE CONTACT: _____

E-MAIL: _____

PARENT/GUARDIAN NAME: _____

EMERGENCY CONTACT NUMBER: _____

Personal & Medical Information:

DOCTOR: _____ DR. PHONE: _____

Medical Care Card #: _____

Allergies/medical condition: _____

Additional Information:

How will your child be getting home? Walk home

Pick up

If pick up, who will be picking up your child? _____

Please indicate child's T-shirt size (Y: Youth, A: Adult): Y-Small Y-Medium Y-Large

A-Small A-Medium A-Large

Informed Consent & Liability:

I acknowledge that there are inherent risks associated with wrestling Programs & Services. I agree not to hold the staff, or any associated parties liable for personal injury, lost, stolen or damaged belongings. As a willing participant in this activity, my child agrees to follow the safety guidelines of staff & volunteers, the rules of associated service providers and the laws of the province of B.C. and Canada.

Legal Guardian: _____ Date: _____

Signature of Guardian