

# Warhawk Youth Wrestling

Powered by Hartland Recreation Department

## Sign up for the 2019-2020 Warhawk Wrestling Season!

All students age 5 through 8<sup>th</sup> Grade are invited to register  
for the Youth Wrestling Program!

### Youth Wrestling Information and Sign Up

**Online registration:** Visit [www.villageofhartland.com](http://www.villageofhartland.com) and click on the "Recreation Registration!" icon to set up your online account.

**Drop off:** Drop box in front of Village Hall or the drop box in the parking lot of the Hartland Public Library and Village Hall, 210 Cottonwood Ave, Hartland

**Mail registration or in person at:** Village of Hartland, 210 Cottonwood Ave., Hartland, WI 53029.  
Monday - Friday, 7:30 am - 4:30 pm.

**Questions:** Contact Coach Ferrell – 414-899-9502 – [RandyFerrell@WWrestling.com](mailto:RandyFerrell@WWrestling.com)

*Checks Payable to: Village of Hartland*

**Program Location:** Arrowhead Union High School ~ South Campus Wrestling Room  
700 North Ave, Hartland, WI 53029

#### Program Dates / Times:

- **Beginner Wrestlers** (5 to 7-years-old) This training group will be focused solely on learning! The program will focus on wrestling moves, improving motor skills, getting stronger and having fun.
  - Practice from 6:00 p.m. – 7:00 p.m. Monday and Wednesday
    - December 2,4,9,11,16, 18
    - January 6, 8, 13, 15, 20, 22, 27, 29
- **Intermediate and Advanced Wrestlers** (8 to 14-years old) These practices will be all folk style training and designed to teach fundamental and advanced techniques with strategies for top, bottom and neutral positions.

- Practice Schedule: 7:00 p.m. - 8:30 p.m. December - January  
6:00 p.m. - 7:30 p.m. February – March

Monday and Wednesday

- December 2,4,9,11,16, 18
- January 6, 8, 13, 15, 20, 22, 27, 29
- February 3, 5, 10, 12, 17, 19, 24, 26
- March 2, 4, 9, 11, 16, 18

#### Program Cost:

- 5 to 7-years-old \$100 - Includes a practice t-shirt.
- 8 to 14-years old \$200 - Includes a practice t-shirt.



**(OVER FOR REGISTRATION FORM)**

# REGISTRATION FORM

**VILLAGE OF HARTLAND, 210 COTTONWOOD AVENUE, HARTLAND, WI 53029**  
**PHONE 262-367-0352 FAX 262-367-2430**  
**www.villageofhartland.com**

PLEASE PRINT & FILL OUT COMPLETELY (Make additional copies as needed)

Payer Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I would like to be signed up to receive *Hartland Happenings*, Hartland's e-Newsletter, by email (please circle):                      Yes      No

I would like to be signed up to receive current recreation program information by email (please circle):                      Yes      No

Geographic Area (i.e., Village of Hartland, Town of Delafield, Village of Merton) \_\_\_\_\_

If you are an employee of a Village of Hartland business, please list: Name of business you work for \_\_\_\_\_

Address of business \_\_\_\_\_ Phone number of business \_\_\_\_\_

In case of an emergency, please contact me at home or work and if I cannot be reached please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to participant \_\_\_\_\_

*Fill in programs for each participant:*

PARTICIPANT'S NAME		BIRTHDATE			SEX	PROGRAM TITLE or PROGRAM NUMBER	DATES OF PROGRAM	TIME	PROGRAM FEE
FIRST	LAST	MO	DAY	YEAR					

<p><b>All participants are requested to sign the following release. Parent or guardians must sign for minors.</b>          I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I/We are aware of and understand that there may be potential risks inherent with participating in any recreational activities and that the Village of Hartland does not provide accident insurance. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnity and agree to hold harmless the Hartland Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of the use of Hartland Recreation Department facilities, equipment, and/or participation in Village of Hartland Recreation Department activities. In the event of medical emergency, I authorize the Recreation Department staff to obtain medical treatment for the above named. I give permission for myself or my child to appear in media/promotion materials approved by the Village of Hartland.</p> <p>SIGNATURE _____ DATE _____</p>	<p> <input type="checkbox"/> Check (payable to Village of Hartland)  <input type="checkbox"/> Cash  <input type="checkbox"/> Credit Card    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Visa            Expiration Date: ____ / ____ CVC # _____            Payment Amt _____            Card #: _____            Card Holder Name: _____            Signature _____         </p>	<p><b>Total</b></p>
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