

LMWC 2020-21

When: Monday Nights

Who: Level 1 – 5:30-6:30 pm

Level 2 – 6:30-7:30 pm

Level 3 – 7:30-9:00 pm

Where: Corridor Courts (750 44th Street, Marion)

Cost: \$60 per wrestler

Dates: November 16, 23, 30

December 7, 14, 21

Parking: Park across the street from the East side of the building at Cotton Gallery

Entrance: Use the entrance on the East side of the building

Covid 19 Regulations:

- Everyone must enter building with a mask on and keep it on
- We encourage parents to drop off and pick up their wrestler, we will have limited space to have parents stay in the building during practice
- Wrestlers can only take their mask off once practice has started
- Wrestlers will be put in the same “pod” of partners for each practice
- If Linn-Mar Schools shut down and goes 100% on-line, club practice will be put on hold during that shutdown period (no refunds will be given)
- Do not send your wrestler to practice if they are not feeling well or have symptoms (fever, cough, fatigue, headache, loss of smell/ taste, sore throat, nausea, vomiting, diarrhea)

*We will have a separate registration form and fee for any practices we have after January 1. Depending on the virus situation in January, these could take place back in the HS wrestling room or at corridor courts on Monday nights.

*Thanks to Coe Wrestling for letting us use their mats and to Mark Eichinger for letting us use the space at corridor courts!

LMWC Registration Form:

Wrestler Name: _____

Grade: _____

Level 1 (Beginner)- Monday nights 5:30 – 6:30 pm _____

Level 2 (Intermediate)- Monday nights 6:30 – 7:30 pm _____

Level 3 (Elite)- Monday nights 7:30 – 9:00 pm _____

Parent Name: _____

Parent Phone: _____

Emergency Phone: _____

Parent E-Mail: _____

I certify that the child named has my permission & is physically able to participate in the Linn-Mar Wrestling Club. I accept full responsibility for his/her behavior and participation. I waive all claims for injury against the Linn-Mar Wrestling Club, club members, coaches, corridor courts & Linn-Mar School District. I understand that I am responsible for carrying health and/or accident insurance for this activity and that the Linn-Mar School District, corridor courts or the Linn-Mar Wrestling Club does not provide primary insurance.

Signature of Parent or Guardian:

_____ Date: _____