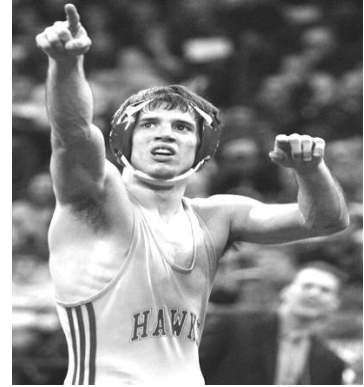




Arrowhead Middle School Athletic Conference



The Arrowhead Middle School Athletic Conference wrestling program is open to any 6th, 7th and 8th grader at Lake Country, Merton, North Lake, North Shore, Richmond, Stone Bank and Swallow. No prior wrestling experience is necessary!

An informational meeting will be held for all Middle School wrestling parents and athletes on **Tuesday, November 2nd at 6:30 PM in the South Campus AP Room (lunch room)**. At this time, parents will have the opportunity to meet the coaches of both the middle school and high school wrestling programs. .

The middle school wrestling season will begin on **November 17th**. Practices will be held at the Arrowhead High School South Campus Lower Gym on Mondays, Tuesdays, Wednesdays and Thursdays from 6:00 - 7:30 PM. There will be no practices November 25th or over the Winter Break, December 23rd - January 2nd. A competition schedule will be distributed at the beginning of the season.

The fee for the program is \$65.00 per student. This fee will go toward administrative functions of the program. **Fee and parent permission forms should be sent to Arrowhead High School Attention: John Mesenbrink, 700 North Avenue, Hartland, WI 53029. Make checks payable to Arrowhead High School.** Please contact John Mesenbrink at mesenbrink@ahs.k12.wi.us or call 369 - 3611 ext. 1111 if you have any questions.

Each participant is responsible for their own transportation to and from Arrowhead High School for practices and competitions.

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I give permission for my child _____, to participate in the Arrowhead Middle School Athletic Conference wrestling program. To the best of my knowledge, my child is physically capable of participating in this program and I am aware of the inherent risk of injury in this or any other physically active program.

Parent Signature

Home Telephone

Date

Please complete information on the back of this form, and identify any physical conditions that could hamper your child's participation.

OVER

Participant Information

Name _____
Telephone # (Home) _____ Emergency Phone #: _____
Address _____ Grade Level _____
_____ School you attend _____

Email Address: _____
Physical Limitations: _____
