

# Galway Pee Wee Wrestling Galway Central School

Dear Parents:

Pee Wee Wrestling will start again soon at Galway. Practice will be Monday and Wednesday evenings, starting **January 2, 2023 to April 5, 2023**. There will be two sessions, novices from **6:00 to 6:55 PM**, and the second session from **7:00 to 8:00 PM**. The second session is for **ADVANCED** wrestlers with two or more years of experience and will be more **INTENSE**. Both sessions will start promptly. **Practice is held in the wrestling room.**

Parents should be aware that while the children are closely supervised, wrestling is a contact sport, with a risk of injury.

Wrestlers should wear t-shirts, shorts or sweatpants to practice. They must wear a clean pair of sneakers to each session. They must be **CARRIED** to practice, not **WORN**. Anyone wearing street shoes will not be allowed on the mats. Sand and other matter on shoes can cause scratches and burns.

The Galway Wrestling Booster Club will give all participants free admission to all home Varsity matches. Booster Club meetings are held the first Wed of every month. As a wrestler's parent, your involvement in the Club is strongly encouraged.

Parents are encouraged to Stay and participate in practices. Your help is invaluable for your children to advance in the sport. If you want your child to participate, please fill out the permission slip below.

Completed forms should be returned to a collection box in the Elementary Office attention **Nicholas D'Alessandro** by December 16th or in person on January 2nd. **Any questions you can contact him at 518-320-6932.**

Thank You,

---

**\*\*NOTE: This program is designed for wrestlers in grades 1<sup>st</sup>-6<sup>th</sup>**

***PLEASE PRINT INFORMATION BELOW:***

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
(parent's name) (kid's name)

Permission to participate in Galway Central School Pee Wee Wrestling Program to be held from **January 2, 2023 to April 5, 2023**. I will not hold Galway Central School or its Coaches responsible for any medical costs that may arise from accidental injury.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Best Time & Number to reach you: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Person's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ City: \_\_\_\_\_