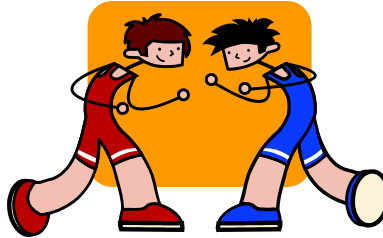


Front Royal Raptors

Youth Wrestling Team

Sponsored by:

Skyline High School, Skyline Wrestling Club, & Warren County Parks and Recreation



*2x Mason-Dixon Champs
2015 10U State Champs
2014 8U State Champs*

The Front Royal Raptors gives local kids the opportunity to have fun with their friends while learning the basics of wrestling. The mission is to foster the ideals of sportsmanship through participation and competition while also improving the degree of amateur wrestling in the area. This program benefits the Skyline wrestling team.

The Raptors joined the Mason-Dixon League. The league is made up of 18 teams in VA, WV, MD, and PA. Each member of the Raptors is eligible to wrestle in a tournament nearly every weekend in January and February.

[Learn more at](#)

www.FrontRoyalRaptors.org

- WHO:** 6 to 14 year olds
- WHERE:** Skyline High School Auxiliary Gym
- WHEN:** Parent Meeting November 5th at 4 PM (Registration, Uniform, Schedule)
First Practice November 6th, season will last through mid-March
January and February; 9 weeks of competition and entry into the Mason-Dixon Championship. Get complete practice and tournament schedule at www.FrontRoyalRaptors.com
- COST:** Basic membership: \$50.00
Discounts available: \$10 discount 1st sibling, \$20 discount all additional siblings
Financial Assistance is available; please contact Coach Keel for details
Proceeds benefit the Skyline wrestling team

[Registration Form on the Back](#)

REGISTRATION FORM
Please Provide Copy of Birth Certificate at Registration

Child's Name: _____

Address: _____

Birth Date: _____ / _____ / _____ Grade: _____ Weight: _____

Years of wrestling experience: _____ School: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email Address (VERY IMPORTANT): _____

T-Shirt Size: _____ Membership choice: _____

Payment Type: Cash _____ Check# _____ Other _____

I, the undersigned individual and as a parent/guardian of _____
a minor, ask that he/she be admitted to participate in the above program, a Warren County Parks and
Recreation sponsored event. I do hereby agree to release, discharge, and hold harmless the County of
Warren, Skyline Wrestling Club, Warren County Public Schools, their agents and employees of and from
all causes, liabilities, damages, and claims whatsoever in the course of competition held in connection with
this membership

Signature of Parent or Guardian Date

MEDICAL INFORMATION: I hereby give permission for any and all medical attention necessary to be
administered to my child in the event of an accident, injury, sickness, etc. under the direction of the persons
listed below until such time as I may be contacted. This release is effective for the time during which my
child is participating in the Skyline Wrestling Club 2017-2018 season, including any tournaments and
traveling to and from such tournaments. I also assume the responsibility for payment for any such
treatments.

Insurance Company: _____

Policy Number: _____

Family Physician: _____

My child's known allergies: _____

Signature of Parent or Guardian Date