



## Father/Son Wrestling Clinic (K-8<sup>th</sup> Grade)

Saturday, August 13<sup>th</sup>, 2016

FCA Wrestling's vision in PA is to *change the way coaches coach, change the way wrestlers compete, and change the way communities engage, all for the glory of God*. One of our goals is to foster the proper parent-to-child relationship, which is often a strained one in wrestling and in life. This clinic facilitates learning high-level technique with fun and faith built into every session. If fathers are unable to attend or have physical limitations, an older wrestler can fill in as a "big brother" (high school and college wrestlers will be available for extra assistance).

<b>Clinician</b>	Randy Watts – Bloomsburg University Athletic Hall of Fame NCAA Div. II Champion and NCAA Div. I All-American 3X PA Jr. High Coach of the Year 8X District IV Jr. High Coach of the Year 20 years of Coaching Father/Son Clinics	
<b>Registration</b>	\$20 per Father/Son pair; \$5 for each additional son (non-refundable) Make checks payable to <b>FCA Wrestling</b> and mail to <b>3001 Douglas Turn, Bensalem, PA 19020</b> Include Registration Card (below) with payment Walk-ins accepted	
<b>Location</b>	The Well Fitness Center at Christ Wesleyan Church (363 Stamm Road, Milton, PA 17847)	
<b>Schedule</b>	8:30am – 9:00am 9:00am – 11:00am 11:00am – 12:30pm 12:30pm – 2:30pm 2:30pm – 3:00pm	Registration 1st Session Lunch Break & Game (lunch provided) 2nd Session Message & Closing
	**Participants must wear athletic shorts, t-shirt, and wrestling shoes	
<b>Contact</b>	Mike Hojnacki at (216) 406-1399 or <a href="mailto:mhojnacki@fca.org">mhojnacki@fca.org</a>	

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### REGISTRATION

(attach the non-refundable registration fee)

Wrestler's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
Parent/Guardian Names \_\_\_\_\_ Father attending clinic? Yes or No  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy/Group No: \_\_\_\_\_

I approve my son's participation in the wrestling clinic. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Meadowbrook Christian School, The Well Fitness Center, and FCA staff and volunteers of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the student at the wrestling clinic. I understand that any insurance claims will be filed with my personal insurance and is not the responsibility of Meadowbrook Christian School, The Well Fitness Center, or FCA.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information on FCA Wrestling, visit [www.fcawrestling.org](http://www.fcawrestling.org)