

# 2019 Johnston Wrestling Summer Training Academy

**WHO:** For ANY K-12 student in Johnston (**beginner to experienced wrestlers welcome**)

**WHAT:** Instructional sessions from Johnston Wrestling Coaches

**WHEN:** Starts THURSDAY June 13<sup>th</sup> to TUESDAY JULY 25<sup>th</sup> 5:15-6:45 PM  
*(12 sessions total--Always Tuesdays and Thursdays)*

**\*\*There will not be a session Thursday July 4<sup>th</sup> for the holiday**

**WHERE:** JOHNSTON HIGH SCHOOL WRESTLING ROOM

**COST: FREE!!**

**Wrestlers who participate will:**

- Have the opportunity to connect with teammates and coaches from all levels in JCSD
- Learn wrestling techniques from the Johnston High School coaching staff
- Wrestle in an educational, fun, and competitive environment
- Wear shorts, a t-shirt and wrestling shoes (we can help provided gear as needed)

**Johnston Wrestling Academy Mission Statement:**

*"The Johnston Wrestling Academy will provide opportunities for all wrestlers to develop their technique, competitive experience, and character year round. We want to give summer instructional opportunities to all K-12 students as a way to grow participation, teach leadership, and improve skill levels of any student interested in wrestling in Johnston."*

***Sign-up by filling out the form below and bringing it with you to your first practice:***

Name \_\_\_\_\_ Grade (2019-2020 school year) \_\_\_\_\_ Age \_\_\_\_\_

Address (House/Apt # and Street Name) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of parent or guardian (emergency contact) \_\_\_\_\_

Phone Number (in case of emergency) ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

*I hereby waive all Johnston School District staff of all responsibilities and damages in regards to injuries and accidents incurred at the aforementioned training sessions. I understand myself and my insurance is responsible for any claims, injuries or accidents that could occur during the practice sessions. I understand these conditions and acknowledge this agreement by signing below.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Questions? Contact Coach Aaron Tecklenburg at: [aaron.tecklenburg@johnston.k12.va.us](mailto:aaron.tecklenburg@johnston.k12.va.us) or 515-205-5934