



BEARS
WRESTLING

2014-2015

MOUNTAIN VIEW YOUTH WRESTLING

WELCOME TO MOUNTAIN VIEW WRESTLING!
This youth wrestling program aims to help support and prepare the young wrestlers of the community for their competitive years in high school.

Our Elementary age wrestlers compete in age/weight USA Wrestling Tournaments around the Atlanta area. Our Middle School age wrestlers will be able to compete in competitive dual meets and tournaments against teams from all over the State of Georgia.

ONLINE REGISTRATION

Where:

sports.bluesombrero.com/mvwrestling

When: Now until November 3rd, 2014

Cost: \$190.00

WALKUP REGISTRATION

When: October 26th, 2014, 2-4pm

Where: Mountain View HS Media Center

PRACTICE

Begins: November 3rd

Practice will occur each Mon/Tues/Thurs.

Age groups times listed below.

Elementary **6pm-7pm**

Middle School **7:00pm-**

8:30pm

Practices occur in the MV High School wrestling room.

WEBSITE!

www.mountainviewwrestling.com

ELEMENTARY SCHOOL

GRADES K-5

MIDDLE SCHOOL

GRADES 6-8

Mountain View Wrestling is governed by USA Wrestling and adheres to USA Wrestling guidelines.

Gwinnett County Tournament Team finishes:

2009—3rd Place in County

2010—1st Place in County

2011—1st Place in County

2012—2nd Place in County

2013—1st Place in County



*Approved
D. J. Gray
Mountain View
Community
School*

Mountain View Athletic Association Registration Fee

Circle a Size for Each Item

- | | |
|----------------|--|
| - Team Singlet | Size: YS YM YL YXL AS AM AL AXL AXXL |
| - Team Shorts | Size: YS YM YL YXL AS AM AL AXL AXXL |
| - Team T-Shirt | Size: YS YM YL YXL AS AM AL AXL AXXL |
| - Team Hoodie | Size: YS YM YL YXL AS AM AL AXL AXXL |

USA Wrestling Card: \$35.00*

* Each wrestler must purchase this thru Team Georgia Website at **registration** to attend practices and enter tournaments. This card also provides secondary health insurance.

Payment will be due upon registration (Cash or Check or Charge).

2014-15 Registration

Wrestler name _____ **Date of Birth / Grade:** _____

Parent's names _____

Phone number _____

Second number _____

City, State Zip _____

Preferred Email _____

Alternate Email _____

of wrestler (s) _____ **= Total \$** _____

***Each additional sibling is \$10 less in registration fee.**

**** USA insurance cards are required to compete in tournaments and practice.**