

# 2018 PRESEASON TRAINING SESSION

## ALL ATHLETES IN GRADES PREK-8

**GET READY FOR THE 2018-2019 WRESTLING SEASON BY GETTING A HEAD START ON THE MATS! DURING THIS TRAINING SESSION, WE WILL FOCUS ON CONDITIONING AS WE PREPARE FOR THE UPCOMING SEASON!**

Register by mailing this form and payment made out to  
Williams Training Academy to:  
PO Box 851  
North Liberty, IA 52317

*\*Needs based scholarships are available\**

**Session Enrollment  
Fee:  
\$150**

### TRAINING SCHEDULE

Session runs Tuesday, September 4-  
Tuesday, October 30, 2018

Practices will be during the following  
times:

Sundays: 5:00pm-6:00pm

Tuesdays: 6:00pm-7:00pm

Wednesday: 6:00pm-7:00pm

Contact Coach Joe Williams with questions at:

(815) 978-7636 or [joe@williamstrainingacademy.com](mailto:joe@williamstrainingacademy.com)



**Cut and Mail- PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:**

I certify that (Athlete Name) \_\_\_\_\_

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

Grade \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Birthdate \_\_\_\_\_ Record \_\_\_\_\_

Club \_\_\_\_\_ Years Wrestling \_\_\_\_\_ School \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #1 Contact Number: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent #2 Contact Number: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_

Parent #2 Email: \_\_\_\_\_

*The above stated athlete has my permission to compete in the 2018 Pre-Season Training Session. I hereby accept full responsibility for his/her behavior & for his/her participation. I waive all claims for damages, loss or injury. I understand that Liberty High School, Williams Training Academy or Liberty Lightning Wrestling Club cannot be held responsible for lost items or liable for accidents. Any damage to property will be billed at the rate deemed appropriate by the school district. All wrestlers should have an AAU or USA card and/or are responsible for their own insurance.*

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