



Yianni Diakomihalis
 3x NYS Champion
 Cadet World Champion
 Current Hilton Wrestler



HILTON JR. CADETS YOUTH WRESTLING

You can register in person at the first practice, or by mail to the address below:

Coach Yockel
 343 North Ave
 Hilton, NY 14468

Ready for the 2015-2016 season?
 Registration is \$60 per wrestler and includes a T-shirt and a NYWAY Insurance card. Additional siblings are \$40 per sibling. Wrestlers will have the opportunities to wrestle in many youth tournaments, as well as receive instruction from multiple former and current Hilton standout wrestlers!



**Practices start
 December 1st**

**Practices are every
 Tuesday and
 Thursday through
 March, 6 – 7:30 pm**

**\$60 per wrestler
 Grades 2 - 8**

**Come be part of one
 of New York State's
 most successful
 Wrestling programs!**

**Practices are held at
 Merton Williams Middle
 School in the MIR
 200 School Lane
 Hilton, NY 14468**

FOR MORE INFO:

Call, text, or email any of:
 Coach Joe Yockel
 615-0026
 jyockel99@gmail.com
 jyockel@hilton.k12.ny.us
 Coach Brandon Yockel
 313-0465
 yockel.brandon@gmail.com
 Coach Craig Gross
 721-3657
 cgross@hilton.k12.ny.us

**Hilton Youth Wrestling Club
2015 -2016 Season
Registration Application**

WRESTLER'S NAME: _____

Birthdate: ____ / ____ / ____ Approximate Weight: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Years Experience: _____ T-Shirt Size: _____

Physical Limitations or Allergies: _____

1. Parent's Name _____ Mother / Father / Legal Guardian (circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

2. Parent's Name _____ Mother / Father / Legal Guardian (circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

In case of emergency, we will first contact the guardians listed above. In the event that you cannot be reached, please provide one additional emergency contact:

Name: _____ Relationship: _____ Phone Number: _____

Do you currently have Health Insurance for this child? Yes No (circle one)

Insurance Carrier: _____ Policy Number: _____

We ask that all children under the age of 8 be accompanied by a parent or guardian at all times

****Please make checks payable to: *Hilton Youth Wrestling*****

Waiver and Order: In consideration of your acceptance of this application for membership, I hereby, for my child and myself, release Hilton Youth Wrestling Club, its personnel, members and agents, as well as the Hilton Central School District and all individuals affiliated with the school district from any claims, liabilities, or rights to damages for any injury, loss, illness, or death that may be caused in conjunction with our participation in the club and its practices, activities, and events. I will be responsible in full for the welfare of my child and myself. I furthermore allow the Hilton Wrestling Club to take and release photographs and names to the media for purposes of publicity, including but not limited to local newspaper and youth wrestling websites.

Parent/Guardian Signature