



This Spring the BWC will be starting the BearCat Spring Freestyle Wrestling Club for all wrestlers interested in gaining experience in Freestyle Wrestling. The Club will meet two times a week for 10 weeks. Each session will be led by both Boyertown and OJR coaching staffs and will also feature guest clinicians. The idea is to grow Freestyle wrestling in our area. OUR GOAL is to bring in a clinician almost every session we have, understand there will be times that we will not have a guest clinician and the staff will take over.

THIS IS A GREAT OPPORTUNITY AND WE LOOK FORWARD TO SEEING YOU SOON.

When:	March 29 th through June 2 nd , 2021
Days and Times:	Mondays and Wednesdays 6:30 – 8pm
Where:	BTC-2 East 2 nd Street Boyertown, PA (Rear of Boyertown Lions Ambulance)
Age & Experience:	Grades 7 through 12 (unless an experienced 6 th grader)

STAFF

Boyertown High School Coaching Staff
Owen J. Roberts High School Coaching Staff

GUEST CLINICIANS

Nate Brown – NCAA Runner-Up (Lehigh)
John Hughes – NCAA Champion (Penn State)
Jordan Wood – NCAA All-American (Lehigh)
Gregg Harvey – NCAA Qualifier (Pitt)
Jakob Campbell – 3x PA State Medalist, Div. I Wrestler (Bucknell)
David Campbell – PA State Qualifier, Div. I Wrestler (Bucknell)
Mike Spaid - NCAA All-American (Bloomsburg)
Tom Killoran – 2x PA State Medalist, Div. II Wrestler (Kutztown)
Freddie Rodgers – PA State Runner-Up, Rider Graduate
Dakota Bauer – 2x All-American, Kutztown University Coach
Joe Jamison - Ursinus College Head Coach

As well as others, as we continue to move forward and schedule!

Bearcat Wrestling Club Registration Form

Please complete this form and bring it with you to your first practice. You will need to have this form completed and turned in before you can wrestle. The form can also be completed online here: [Registration Form](#).

Wrestler's Information:

Wrestlers Name (last, first): _____

Date of Birth: _____

Approximate Weight: _____

Contact Information:

Home Address: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email Address: _____

Emergency Contact (name & phone number): _____

Allergies of chronic health problems we should know: _____

Insurance Information:

USA Wrestling Card Number (Required-Questions, see Coach): _____

Insurance Company: _____ Group ID#: _____

I verify that my child has been checked by a licensed physician and is physically able to participate for the wrestling club. I agree to allow my child to be treated by a licensed physician in the case of an emergency, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits for illness or hospitalization. Also, I authorize the disclosure of medical information to my insurance company for the purpose of the claim.

Parent/Guardian Signature: _____ Date: _____

The cost of the club is \$200 per wrestler for the Spring session. The cost goes directly to facility costs and clinicians--this club is not for a profit. Bearcat Wrestling Club is a subsidiary of Boyertown Area Wrestling Association. Checks should be made payable to: BAWA.

