

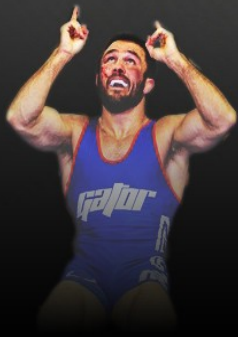
2012

2013

OKLAHOMA ELITE



WRESTLING CLUB



CHAMPIONS BUILT HERE!

Our Mission

The Oklahoma Elite Wrestling Club is designed for wrestlers of all ages and skill levels. We believe that in order to be a champion you must train in a Championship environment. Each athlete will receive the attention, dedication, and expertise of staff members in order to reach their individual goals. We will provide personal instruction and guidance by not only teaching young wrestlers the techniques and skills, but also developing the mindset of living a championship lifestyle.

**Head Coach
Tyrone Lewis**



OK ELITE CLUB COST/DISCOUNTS

Fall Session : Oct 8—Dec 22 (11 weeks)
Spring Session : Dec 26—Feb 21 (8 weeks)

- **Cost:**
 - \$200 per session (per student)
 - **CASH ONLY WILL BE ACCEPTED AT REGISTRATION (No Exceptions!!)**
- **Discounts:**
 - Family of 2 students = \$25 per student
 - Family of 3 students = \$50 per student
 - Multiple sessions (fall & spring) = \$50
 - **Must pay in full for both sessions to receive discount.**
- There will be no refunds after the first week of practice.
- It is important to attend all practice sessions.
- All athletes are responsible for tournament entry fees, travel, room and board.

OK ELITE CLUB PRACTICE/REGISTRATION

Due to work, training, and class schedules, practice times are subject to change. You will be notified via email of any time changes.

- **Practice:** First day of practice begins Oct. 8
 - Ages 5yrs—15yrs
 - Practice days: Mon, Wed, Thurs.
 - Practice time: 6:30pm—8:00pm
 - Open mat/Private lessons: Sun 6:00pm — 7:00pm (technique/live wrestling)
- **Early Registration/Parents Meeting**
 - 9/16/12 @ 4:00pm, OU Wrestling Room
- **Late Registration:**
 - When: Oct. 8, 2012 @ 6:30pm
 - Where: OU Wrestling Room

Weekly training cost for non club members: \$100

Do to NCAA rules, we are unable to provide training for athletes in grade level from 9th to 12th grade.

Participants Name:

First	Last	School	Grade
Email	Phone: cell/home	Weight	Sex: M/F

Address:

Street #	Street Name	City	ZIP Code	Apt #
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Parental Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Oklahoma Elite Wrestling Club staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release said club from any liability for injuries or illness incurred by my son/daughter.

Parent/Guardian Name	Signature	Phone	Date
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- \$200 Fall Session
- \$200 Spring Session
- \$350 Family of 2 discount (per session)
- \$450 Family of 3 discount (per session)
- \$350 Multiple Session discount (1 student)

Please indicate the session for which you will be enrolling.

Total amount paid _____