

ALGONA RECREATION DEPARTMENT

Bullpup Wrestling Program

3rd, 4th, 5th, & 6th Grades

The Algona Recreation Department, in cooperation with the *Algona High School & Middle School Wrestling staff*, will sponsor the **Bullpup Wrestling Program** for all kids in 3rd - 6th grades. The program will be held at **Algona High School** beginning November 21 through March 1. Dates and times are listed below.

DATES & TIMES

5th & 6th grades - 5:15-6:15 PM

3rd & 4th grades - 6:15-7:15 PM

NOVEMBER

Monday 21
Tuesday 22
Monday 28
Tuesday 29

DECEMBER

Monday 5
Tuesday 6
Sunday 11 - **ALGONA YOUTH WRESTLING TOURNAMENT**
Tuesday 13
Tuesday 20

JANUARY

Monday 9
Thursday 12
Monday 16
Thursday 19
Monday 23
Thursday 26
Monday 30

FEBRUARY

Thursday 2
Sunday 5 - **AAU DISTRICTS**
Monday 6
Thursday 9
Monday 13
Thursday 16
Monday 20
Thursday 23
Saturday 25 & Sunday 26 - **AAU STATE**
Monday 27

MARCH

Thursday 1
Saturday 3 - **FRITZ NIELSEN WRESTLING TOURNAMENT**

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Coaching Staff:

- *Jake Ingalls, Bullpup Head Coach*
- *High School Coaches*
- *Middle School Coaches*
- *AHS Wrestlers*
- *Volunteers*

If you would like to take part in the **Bullpup Wrestling Program**, please fill out the form below and either mail it or drop it off to the:

Algona Recreation Department
112 W. Call
Algona, IA 50511

All forms must be returned to the Rec. Dept. office in City Hall. If you have any questions concerning the program or would like to volunteer to help, contact Coach Brian Morgan at AHS, 295-7207.

No special equipment is necessary; however required attire is a pair of **clean** tennis shoes, socks, shorts or sweatpants and a t-shirt.

Thanks to volunteers this program is FREE!



Algona Recreation Department
3rd, 4th, 5th & 6th grade
BULLPUP WRESTLING
REGISTRATION

Name _____ Grade _____

Address _____ Age _____

Phone _____ Weight _____

RELEASE AND INDEMNIFICATION AGREEMENT

I hereby request that you accept my child's application for registration in this Algona Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Algona, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Algona, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Algona, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity.

Parent or guardian _____

Date _____