

# **PARKVIEW WRESTLING**

## **2006 STATE CHAMPIONS 2004**

State Duals - 2007 Runner-Up, 2006 Champions, 2005 Runner-Up, 2004 Champions. 2003 Runner-Up, 2002 - Semifinalist  
State Runner-Up - 2000, 1990, 1983 State Third Place - 2005, 2003, 2002, 1999, 1998, 1991  
State Fourth Place - 1988, 1992, 1996, 2007 State Fifth Place - 1989, 1995  
Region/Area Champions -2007, 2006, 2005, 2004, 2000, 1998, 1996, 1995, 1992, 1990, 1989, 1988, 1983  
Gwinnett County Champions - 2007, 2006, 2004, 2000, 1999, 1998, 1997, 1995, 1992, 1991, 1990  
"Tradition Never Graduates"

## **Parkview Youth Wrestling**

### **Making Tomorrow's Champions Today**

Parkview Youth Wrestling is a youth wrestling club dedicated to teaching the fundamentals of the great sport of wrestling. All children grades 1-8 are eligible to participate. Our program has produced numerous high school State Champions, All-Americans, and a National Champion in previous years. Hopefully your child will have fun, learn the sport of wrestling, and one day wrestle for one of the top programs in Georgia, the Parkview Panthers!

Instructor: Jack Smith

**Registration begins:** Monday October 5, 2009 (Parkview Community School)

**First Practice:** Monday November 2, 2009 (6:30 – 8pm Parkview Wrestling Room)

**Practices:** Mondays / Thursdays 6:30-8:00pm (through 3/10)

\*There will be no practices on days that school is not in session.

**Registration Fees:** \$125 (includes singlet / t-shirt). Each wrestler must also purchase a USA Wrestling Card (<http://www.themat.com>).

**Tournament Schedule:** [www.teamgeorgiawrestling.com](http://www.teamgeorgiawrestling.com)

**Parkview Community School:** 770-806-3796 (pam\_walton@gwinnett.k12.ga.us)

You must register at the Parkview Community School Office. Please fill out registration sheet below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Students DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Singlets will be ordered based on weight.

Method of Payment: Visa Mastercard Check (circle one)

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_