



Little Falcons Wrestling



Grades: Prek-5th Grade

Who: Boys and Girls

Practice Dates: November 2, 7, 9, 14, 16

Time: 3:00-4:30

Where: Lincoln, Roosevelt and Jefferson

Individual City Championship:

Date: November 19

Time: 10:00-1:30

Where: Faribault High School North Gym

Activity: Boys and Girls Wrestling



Description: Little Falcons Wrestling is a FREE introductory competitive program hosted by the Faribault Wrestling Association and the Faribault High School Varsity Wrestling Program. Coaches and student athletes from the varsity wrestling program will teach you moves that will help you be successful in a competitive wrestling match. This program concludes with an Individual City Championship at Faribault High School where you get to compete against other wrestlers in this program.

- **Tuesday, November 15th Green Machine Competitive Club Sign-up at FMS 6:30pm-Flyer coming soon!**
- **For more information on Green Machine visit: <http://faribaultwrestling.com>**
- **Saturday, November 19th Join us for a Spaghetti Dinner @ the Legion 4-7pm. Bring your family & friends!**

Wrestling? Contact Jake Staloch 507-333-6766 or jstaloch@faribault.k12.mn.us

Little Falcons or busing? Contact Ryan Lueken 507-333-6674 or rlueken@faribault.k12.mn.us

Complete this form and return it to the main office at your child's school or register online using the QR CODE below **Registration Deadline - October 28th**

CHOOSE A SCHOOL TO ATTEND:: Jefferson_____ Lincoln_____ Roosevelt_____

REGISTER ONLINE! SCAN THE QR CODE! IT'S EASIER

STUDENT INFO (INFORMACIÓN DEL ESTUDIANTE) (MACLUUMAADKA ARDAYGA):

Student Name (Nombre del estudiante) (Magaca Ardayga):_____

Grade (Grado) (Darajo):_____ Teacher (Maestra) (Macallin):_____

Age (Años) (Da'da):_____ Weight (Peso) (Miisaanka):_____

(We do weigh ins) (Nosotras pesamos ins) (Waxaan sameynaa miisaan)



PARENT/GUARDIAN (TUTOR) (WAALIDKA/MAS'UULKA):

Name (Nombre) (Magaca):_____ Email (Correo electrónico)(iimaylka):_____

Cell Phone (Teléfono móvil) (Taleefanka gacanta):_____ Text? (¿Texto?) (Qoraal?): Yes No

Address: _____

EMERGENCY CONTACT INFORMATION (CONTACTO DE EMERGENCIA) (XIDHIIDHKA DEGDEGGA AH):

Name (Nombre) (Magaca):_____ Relationship (Relación) (Xiriirka):_____

Cell Phone (Teléfono móvil) (Taleefanka gacanta):_____

TRANSPORTATION (TRANSPORTACIÓN) (GAADIIDKA)

- Busing home at the end of each session is available within city limits. If you need transportation, please turn in this form by **October 26**.
- Parents are responsible for transportation to the school of their choice

Bus transportation needed after practice? YES NO

(¿Se necesita transporte en autobús?) (Gaadiidka baska loo baahan yahay?)

Does your child qualify for bus transportation? YES NO

(¿Califica su hijo para el transporte en autobús?) (Ilmahaagu ma u qalma gaadiidka baska?)

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