



The Mad Monarch Wrestling Club was formed to provide area wrestlers with the opportunity to improve their wrestling ability by improving technique during off-season training.

Every weekend throughout March, April, May, & June there are opportunities to COMPETE in local, regional, or national level tournaments. The Mad Monarchs are here to get you ready for these competitions. We practice 2-3 times a week focusing on improving technique in all wrestling positions.

OFF-SEASON TRAINING = IN SEASON SUCCESS

DAYS/TIMES

Tuesday & Thursday

5:30 – 7:00

Begins March 3rd

COSTS

\$35.00 – USAW Card

(covers liability insurance of the club)

\$50.00 – Club Training Fee

MAKE CHECKS PAYABLE TO:
“MAD MONARCHS”

Questions? Contact:

Paige Schoolman
pschoolman@mchs.net
815-325-9748

View our Website:

<http://wrestling.mchs.net>
- Follow Mad Monarch Link

High School Students

The Mad Monarchs will begin holding practices immediately following the IHSA Season.

Fresh/Soph State

The Fr/So State Series begins with

Regionals on 2/28, Sectionals on 3/7, and State on 3/14.

Folkstyle Nationals

The NHSCA Nationals, Virginia Beach, VA - 3/31-4/3

Off-Season Folkstyle

Local open folkstyle tournaments are held every weekend in March, April and May

Freestyle/Greco

Freestyle & Greco tournaments start up in late March and continue thru the state championships in May.

Grade School Students

Grade School students are invited and encouraged to join the Mad Monarchs after their season ends. The Monarchs will be having practices the week following your season.

We will build on the experiences you have gained during this past season. In addition, you will be taught the techniques that have made your community program one of the top programs in the state of Illinois.

Off-Season Tournaments

There is a variety of off-season tournaments in Folkstyle, Freestyle, and Greco-Roman. Tournament information will be provided in the coming weeks.

Mad Monarch Wrestling Club

Registration & Medical Treatment Form

Wrestler's Name _____ Date of Birth ____/____/____

EMAIL ADDRESS _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose.

Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____