



## PORT WASHINGTON PIRANHAS WRESTLING

The Port Washington Wrestling Club sponsors the Junior Piranhas and Piranhas youth wrestling programs. These programs feed directly into the Port Washington High School Wrestling program. For this reason, it is our policy that the youth wrestler is to be a Port Washington/Sauville School District student including the parochial/private schools in the district.

**Junior Piranhas** - The focus of these practice will be on introducing the fundamentals of wrestling and having fun. There are tournaments available for students this young, but we do not recommend focusing on competition at this age.

**Grades:** 1-4  
**Dates:** January 10-March 16  
**Day:** Mondays & Wednesdays  
**Times:** 6:00-7:30 pm  
**Fee:** \$50.00  
**Location:** Port Washington High School Wrestling Room  
**Coach:** Brandon Werner  
Contact: 262-573-5995 or portpiranhas@gmail.com

**Piranhas** - The intensity in the practices does increase, however the focus is still on development and getting the kids ready to compete at the high school level. Tournament schedule dates listed on page 2. Further information on these tournaments will be sent to all parents after registration. Attendance at all tournaments not required.

**Grades:** 5-8 (advanced 4th graders may join this group)  
**Dates:** January 4-March 17  
**Day:** Tuesdays & Thursdays  
**Times:** 6:00-7:30 pm  
**Fee:** \$100.00  
**Location:** Port Washington High School Wrestling Room  
**Coach:** Kevin Koepke  
Contact: 414.627.9955 or portpiranhas@gmail.com

- Practices will be held the week of March 20 for those wrestlers who have qualified for the state tournament.

To register please email: portpiranhas@gmail.com or bring check and registration form to the first scheduled practice. We will be accepting checks this year payable to, **Port Wrestling**.

If you have questions, please contact the coaches listed above.

**Return the bottom of form and payment (check to Port Wrestling) to the Kevin Koepke on the first day of practice.**

If you have questions, please contact Kevin Koepke at portpiranhas@gmail.com

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# PORT WASHINGTON PIRANHAS WRESTLING

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Primary Phone \_\_\_\_\_

#1 Parent/Guardian's Name \_\_\_\_\_ #2 Parent/Guardian's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Athlete Home Address \_\_\_\_\_

If parents can't be reached in case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_