



**Once again the Quest School of Wrestling will have one night at**  
University High School (Wrestling room) (New School)  
131 Bakers Ridge Rd., Morgantown, WV 26508

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## **Class Times**

**Every Wednesday – 6:30 PM – 8:00 PM**

**Starting Wednesday April 4<sup>th</sup>, 2018**

**Will run every Wednesday through May 9<sup>th</sup>.**

**Featuring Quest owner and All-American Jim Akerly and All-American Mason Beckman**

**Cost-\$75.00 (comes out to just over \$12 per session!)**

**Must have current USA Wrestling card**

**(May purchase card online at [www.usawmembership.com/](http://www.usawmembership.com/))**

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### **Our Mission**

Quest has the opportunity to provide - skills, techniques, education, strength and a life-long experience for your child. It is our goal to provide state-of-the-art training and education to reach these goals.

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## **Contact Information**

**School Director – Jim Akerly**

Email: [wrestlequest@gmail.com](mailto:wrestlequest@gmail.com)

**Telephone**

412-352-3727



# REGISTRATION FORM

**Location:** University High School wrestling room

**First Practice:** Wednesday, April 4<sup>th</sup>, 2018 - 6:30 – 8:00 PM

**Sessions run:** Every Wednesday – 6:30 – 8:00 PM

Through Wednesday, May 9<sup>th</sup>

(Schedule is subject to change with notice)

**Cost:** \$75 (Must have valid USA wrestling Card –  
can purchase card at [www.usawmembership.com/](http://www.usawmembership.com/))

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## Quest School of Wrestling Sign-up sheet

USA Card # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Any known medical conditions that the coaches should be aware of

\_\_\_\_\_

I give my permission for my child to participate in the Quest Wrestling Club at University High School. I understand that there are risks inherent to wrestling, and agree not to hold the Quest club, its coaches or volunteers, or University HS liable for any injury to my child or damage or loss to his/her equipment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make all checks out to Quest Wrestling.**