



PWA coming to Wichita!

SATELLITE TRAINING SESSION @ Andover Central HS

Tentative schedule: Nov 27; Dec 18; Jan 29; Feb 19; Mar-May: t.b.a.

The training session will be held one **Sunday a month**. (schedule listed on tonypurler.com [facebook/purlerwrestlingacademy](https://www.facebook.com/purlerwrestlingacademy)). Tony Purler (director of Purler Wrestling Academy) is in charge of the session, held at Andover Central HS. The monthly satellite session will be drill intensive and highly organized. We will follow a scoring system, with a strong emphasis on body position, winning positions, and building position. So the kids will learn much more than just moves, they will learn wrestling. 45 min of live wrestling will be held at the end of the day as well.

All are encouraged to approach these sessions as an important addition to their son's current training regimen. This will be the 6th yr of my running the monthly sessions, and most attendees will see familiar faces month after month.

Our system of training young athletes has a proven track record; and due to demand, we have developed these satellite locations to accommodate those unable to attend our current locations.

Sessions: 9-12. (lunch 12-1pm, bring own) 1-3:30pm

Fee: \$50 (walk-ins welcome no pre-registration is ever required)

Andover Central HS (Wichita KS).

**If you are interested, please contact Tony Purler at:
816-304-0313; tony@purlerwrestling.com; www.tonypurler.com**

Flyer/Application can be downloaded at tonypurler.com.

Note: **The session will be held on one Sunday of every month. Check the website for dates.**

Please, ALWAYS check your email the night before attending.

EMAIL tony@purlerwrestling.com to be ADD TO THE EMAIL LIST!

Name _____ Age _____ wt. _____ dob _____ USAW Card # _____

Address _____ City/State/Zip _____

Emergency phone Number _____ Email _____

Medical Insurance Co & Policy # _____

Waiver My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Clinic Staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is accurate.

DATE/PARENT SIGNATURE _____