



# 2016-2017

## Registration Form

*Wrestling is a winter sport so even if you play soccer, baseball or football you can still wrestle. It is a great way to stay in shape and create opportunities for college scholarships.*

The Ewing Recreation Wrestling Program is **for individuals in grades K-8**. This is an **instructional** program, which emphasizes getting fit and building confidence. The mission statement is to provide a fun and competitive environment designed at the youth level as well as introduce and foster the sport of wrestling. Discipline, team unity, respect, and good sportsmanship will also be highly stressed. **No previous wrestling experience needed to participate. Visit our website at [www.ewingrecreationalwrestling.com](http://www.ewingrecreationalwrestling.com).**

**REGISTRATION:** Anytime after October 1, 2016 at Ewing Senior and Community Center, 999 Lower Ferry Road from 8:30 a.m. - 9 p.m. and weekends from 12 p.m. - 5 p.m. For information call 609-883-1776.

**REGISTRATION FEE:** \$85 per participant; Non-Ewing residents - \$25 additional; \$125 for 2 participants in one household; \$15 extra per additional participant in family. Checks payable to Ewing Recreation Department. Ask Coach Tye about a \$10 referral rebate for bringing new members to the team.

**LOCATION:** Practices held at the Ewing Senior and Community Center, 999 Lower Ferry Road, Ewing. Practices may also be held at the Ewing High School upon notice.

**PROGRAM TIMES:** Practices begin on **Thursdays, Nov. 3, 2016 at 6:30 p.m. - 8 p.m.** There may be 1 to 3 practices a week during the season. Beginning early January through mid-February matches are scheduled on weekends at one of the schools in the league. A tournament is also planned for the end of the season.

**NOTE:** There will not be any practices when Ewing Public Schools are closed or have half days.

**DRESS:** T-shirts, shorts, sweat pants, wrestling shoes. Headgear is required.

**QUESTIONS:** Call Coach Tye at 609-273-2739 or email [tye@princeton.edu](mailto:tye@princeton.edu).

### Complete both sides of this form

Parent/Guardian Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Sweat Shirt Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

AMOUNT PAID \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_



## ACKNOWLEDGEMENT OF RISK

### Program: Ewing Recreation Wrestling Registration Form

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above-mentioned activity presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death. While the possibility of serious injury to participants is unlikely, it is important that all participants realize that these risks do exist.

#### PARENT/GUARDIAN AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named participation in this program. I have received, read and understand the risks. I understand that I must obey all rules and regulations and follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. I understand the risk associated with this program, and I agree to accept responsibility.

I certify that I am in proper physical condition for safe participation in the Ewing Recreation Wrestling program and I agree that it is incumbent upon me to immediately inform the Ewing Township staff should my physical condition change at any time prior to or during my participation in the program. I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Township permitting me to participate in the previously mentioned program, the undersigned, \_\_\_\_\_ hereby waive and relinquish all claims I (we) may have as a result of said person participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

**Participant's Name(s)** \_\_\_\_\_

**Parent or Legal Guardian [indicate which] Signature** \_\_\_\_\_

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PRINT NAME

DATE