

Town of Marcellus Parks and Recreation Department

24 East Main Street
Marcellus, NY 13108
phone: 673-3269 ext. 2
fax: 673-9102
email: park_rec@marcellusny.com

YOUTH WRESTLING PROGRAM 2017

WHO: Students in Grades 2 – 6
WHEN: Tuesdays starting January 3, 2017 and Thursday's
(Dates will vary based on gym availability, Coach Donovan will supply a schedule at the first practice.)
TIME: 6:00 p.m. – 7:30 p.m.
WHERE: Driver Middle School (Old Gym)
COST: \$50 per student - includes T-Shirt
DETAILS: "Coach Todd Donovan will introduce and expand the knowledge of young Marcellus Student/athletes to the oldest sport known to mankind..... Wrestling"
Please complete the bottom half of this form and return with payment to the Recreation Office **ON OR AFTER JANUARY 3, 2017**. Please date all checks for 2017 and make payable to:
Town of Marcellus

Please note: you must bring registrations and payment to the Recreation Office. DO NOT return to the school office.

PLEASE NOTE: REGISTRATION *BEGINS Tuesday January 3rd* we cannot accept registration before then, please make sure checks are dated for 2017. **Please note: you must bring registrations and payment to the Recreation Office; Instructors are not able to accept payment.**

My child has permission to participate in the Marcellus Recreation Wrestling Program:

Name of Student: _____

Grade: _____ Approx. Weight: _____ Birthday: _____

Name(s) of Parent or Guardian: _____

Address: _____

Phone number _____ email _____

In the case of an emergency Marcellus Recreation Staff will try to contact the parent or guardian at the home phone number. However, if we are unable to reach you please provide a work number, cell phone number, or name and phone number of another adult for us to contact:

T-shirt size: Youth S M L OR Adult S M L
(With sizes, please be as accurate as possible)

WAIVER:

The undersigned hereby acknowledges and understands that "accident insurance" is not provided for any injury that may be sustained as a result of hazard associated with the activity registered for by the undersigned and accepts financial liability for any medical cost resulting from an accident or injury. The undersigned understand that their children attend activities at their own risk. The Town/Village of Marcellus and its employees are not responsible for injuries sustained. In the event that I cannot be notified concerning an injury or emergency to my child, I give permission for the Marcellus Parks & Recreation staff to provide emergency services.

Signature of parent/guardian _____

Date _____