

Town of Marcellus Parks and Recreation Department
24 East Main Street
Marcellus, NY 13108
phone: 673-3269 ext. 2
email: park_rec@marcellusny.com

YOUTH WRESTLING PROGRAM

GIVE IT A TRY!!

2 FREE SESSIONS:

Monday December 10th & Monday December 17th
6-7:30pm in the DMS Old Gym
Wear t-shirt, shorts & socks

READY TO SIGN-UP?

Marcellus Varsity Wrestling Coach, Todd Donovan will introduce & expand the knowledge of young Marcellus students to the oldest sport known to mankind...Wrestling! Young athletes will have the opportunity to learn more about the sport of wrestling, improve their skills, create new friendships and have fun at the same time.

WHO: Students in Grades 2 – 6

WHEN: Tuesdays and Thursdays, starting Thursday, January 3, 2018 - March
(a full schedule of practices and tournaments will be provided)

TIME: 6:00 p.m. – 7:30 p.m.

WHERE: Driver Middle School (Old Gym)

COST: \$55 per student - includes T-Shirt

Please complete the bottom half of this form and return with payment to the Recreation Office

Please make checks payable to: Town of Marcellus

***Please note: you must bring or mail the registrations and payment to the Recreation Office.
DO NOT RETURN TO THE SCHOOL OFFICE!***

Name of Student: _____ Grade: _____

Approx. Weight: _____ Birthday: _____

T-shirt size (please circle one): Youth S M L **OR** Adult S M L

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: _____

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