



Town of Marcellus Parks and Recreation Department

22 East Main Street, Marcellus, NY 13108

phone: 315.673.3269 ext. 2 fax: 315.673.9132

email: park_rec@marcellusny.com

Youth Wrestling

Fee: \$85/child

Calling all students in Grades K – 6th

Dates/Time: December 9th - March 13th from 6:00 p.m. – 7:30 p.m. Tuesdays and Thursdays

Where: Driver Middle School - Old Gym

Details: Bring a T-shirt, shorts, sneakers or wrestling shoes, and water bottle. Marcellus wrestling t-shirt and shorts set are included with registration. (If you have braces-a mouthguard)

Sign Up: Online: <https://register.communitypass.net/TownofMarcellus>

Town Website: [Youth Recreation Programs & Field Trips | Town of Marcellus](#)

Mail this form to: Town of Marcellus Recreation 22 E Main St., Marcellus w/payment

If you have any questions, contact:

Coach Matt Barnes

315-730-7881

mbarnes4@oswego.edu

Coach Todd Donovan

315-430-6951

TDonovan01@aol.com

Name of Child: _____

Grade: _____ Date of Birth: ____/____/____ Age: _____

**** K & 1st graders must be accompanied by an adult**

Name of parent/guardian: _____

Home Phone# _____ Cell # _____ Email: _____

Address _____ Zip Code _____

T-Shirt Size _____ Shorts Size _____ (youth small-adult medium)

Emergency Contact Name/Number _____

Does your child have any allergies or medical conditions that we should know about? YES NO

If YES, please describe: _____

WAVIER: 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 Town/Village of Marcellus and its employees are not responsible for injuries sustained. I give permission for the Marcellus Parks & Recreation staff to provide emergency services.

Signature of parent/guardian: _____ Date: _____