PUYALLUP PARKS & RECREATION
2013/2014 YOUTH JR. WRESTLING
AGES 5-12 REGISTRATION FORM

(One registration for EACH participant must be completed & signed by the parent or guardian)

Fair Play Law: The City or any third party that uses city property or facilities, or is required to obtain a permit, license or other form of approval from the City for a community athletics program, or participates in a community athletics program shall not discriminate against any person on the basis of sex or any other basis protected by federal or state law.

MALE_____ FEMALE_____ AGE (as of 1/1/14) _____ APPROX. WT._____

PLAYER_____BIRTHDATE_____GRADE_____

PARENT_____SCHOOL_____

ADDRESS_____CITY _____ZIP_____

HOME PHONE_____WORK PHONE_____

E-MAIL _____

WRESTLING EXPERIENCE? (Yes/No)_____YEARS?_____TEAM?_____

TWO DIVISIONS:

8 AND UNDER WEIGHTS: 45 50 54 58 63 69 78 90 110

9 AND OVER WEIGHTS: 55 60 63 66 69 73 77 81 86 91 100 110 120 145 175

We are depending on a lot of volunteers to achieve a top-notch program. If you would like to volunteer to perform one or more of the following positions, please check desired box. Thank you for any help you can offer and all help will be greatly appreciated!

I, _____, would like to volunteer as a:

Scorekeeper_____ Team Parent_____ Fund Raising Functions_____ Gym Set-up, Tear down_____ *Asst Coach_____

All coaches must be NYSCA certified (coaches clinics will be offered to obtain this certification, if needed).

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I/we am/are the parent(s) or legal guardian of_____
(Child's name)
Who desires to be a participant in the City of Puyallup sponsored recreational activity of_____(Describe)
It is important to me/us that this child be allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of city facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Puyallup, its officials, employees, its hired or contracted instructors and any other agents or organizations including the Puyallup School District and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we further agree that pictures taken during program hours may be used for future promotional purposes. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above.

_____

Parent(s) / Guardian Printed Name(s) Date

_____

Parent(s) / Guardian Signatures(s) Date

MEDICAL INSUR. CO._____ POLICY #_____

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DATE_____/_____/ _____ RECEIPT#_____ BY_____ AMOUNT PD_____

PUYALLUP PARKS & RECREATION
PUYALLUP FALCONS JR. WRESTLING
INFORMATION SHEET

REGISTRATION

Sept 3 – Sept 8 City of Puyallup Residents

Sept 9 – Oct 21 Open Registration – Residents, Returning Wrestlers & New Non-Resident Wrestlers

Register:

In person: At the Puyallup Recreation Center, 808 Valley Avenue NW, (253) 841-5457
Monday – Friday 6:00am – 8:00pm
Saturday – Sunday 8:00am – 6:00pm

Online: www.puyallupparksandrec.com (under parks and recreation)

SEPTEMBER 11, 2013 – Interest & Orientation Meeting – 6:00 p.m. at the Puyallup Recreation Center

OCTOBER 14, 2013– FIRST PRACTICE – Location TBA

COST

Cost - $ 84.00 per participant - Non-Resident Fee
$ 70.00 per participant - City of Puyallup Resident Discounted Fee

**State Sales Tax is Included*

**There will be a $5.00 administrative fee for all refunds issued.*

AGES

Age is determined by the age of the wrestler as of January 1, 2014. **Wrestlers must be enrolled in Kindergarten (5 years old to compete) No wrestlers can turn 13 during the season (Oct – end of January).**

Copies of birth certificates must be turned in to league directors prior to any league functions or the wrestler will not be allowed to compete.

LEAGUES

We will be competing in the Pierce County Junior Wrestling League. Levels of competition will range from varsity, junior varsity and exhibition matches and tournaments. 4 league matches as well as novice (beginner) tournaments, and tournaments for the more advanced wrestlers. Each wrestler will have the opportunity to compete in 20 to 30 matches throughout the season.

Meets will take place on the weekends starting October 26th. For a complete list of meets and there locations please visit www.Puyallupfalcons.com

PRACTICES (Subject to Change)

Practices will begin in October on be held on Monday, Wednesday, and Thursday from 6:00 – 8:00 p.m. A Tuesday practice will be added in November and December to allow for practice sessions to be split by age and or skill level. Practices will not be held on school holidays and gym/school conflict nights. Practices will be Aylen Junior High School.

For more information, call the Puyallup Recreation Center @ (253)841-5457
Or visit **www.puyallupfalcons.com**