

Eatontown Recreation
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EATONTOWN/FALCON WRESTLING

2016-17 Recreation Wrestling Clinic Registration

The Eatontown Recreation Department is offering a wrestling program to Eatontown and Tinton Falls students. Thanks to Monmouth Regional wrestling coaches and volunteers this program will introduce wrestling in an effort to develop a feeder program to future middle school and high school wrestlers. There is no fee this season, however each participant must provide head gear, wrestling shoes and a mouth piece. Each participant must also join USA wrestling.

**Head Gear, wrestling shoes and mouth piece must be worn and provided by each wrestler.
Additionally, USA Athlete Membership is required the fee is \$30. per wrestler.
This fee will be collected at the first practice.**

**WRESTLING PROGRAM DATES: Tuesdays & Thursdays beginning 11/15/2016 ending 03/09/2017. Wrestling will NOT take place when Eatontown Memorial School is closed.
Time: 6:00PM – 8:00 PM Grades (1 – 8)**

Wrestling Program Location: Memorial School 7 Grant Avenue Eatontown NJ 07724
Grades 1 – 8 - NO fee **however**, pre-registration is required and USA wrestling athlete membership required
Registration forms can be mailed or dropped off in person or scan and email to
Eatontown Recreation - 47 Broad Street - Eatontown, N.J. 07724
Contact our office with any questions and to obtain additional information

-----Cut here and return registration form below one form required per participant-----

2016/2017 EATONTOWN/FALCON WRESTLING REGISTRATION

NAME: _____ PHONE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

SEX: ___M ___F D.O.B. _____ AGE: _____ WEIGHT: _____ GRADE: _____

Cell #: _____ EMAIL: _____

PARENT'S NAME(S): _____ Emergency # _____

While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the borough or its employees. My child has been cleared by a physician and is able to participate in this program. Photos may be used for promotional purposes. I have read and understand this information, my child has permission to participate in this program.

Parent/Guardian Signature _____ Date: _____

Participant requires reasonable modifications due to a disability to participate ___yes ___no