

HACKENSACK JUNIOR WRESTLING (2018)

“Celebrating Our 40th Season”

Open to children ages 7-14 (Age as of 1/1/2018)
(Grades 2-8)

REGISTER EARLY! REGISTRATION WILL BE LIMITED!

**All New Wrestlers MUST register on the Registration Date, at the time specified!
NO REGISTRATION FORMS WILL BE ACCEPTED BY THE HACKENSACK RECREATION DEPARTMENT! NO EXCEPTIONS!**

**Registration Date: Thursday October 12,
(& Thursday October 19, 2017, ONLY if Registration limit has not been reached)
6:30 pm to 7:30 pm**

**At the
Hackensack Recreation Department's
M & M Building
116 Holt Street
Hackensack, NJ**

NO LATE REGISTRATIONS WILL BE ACCEPTED!

\$75.00 Registration Fee

Payable to: Hackensack Junior Wrestling

**1st Year Wrestlers Only: A copy of your child's birth certificate will be collected
(not returned) at registration and must accompany this form.**

For program information, email questions or a contact phone number to:

Hackensack@tcjwl.com

**First Practice of the season on Tuesday, November 28, 2017 at 6:15 PM at the
Hackensack High School Wrestling Gym.**

General Schedule:

Practices are every Tuesday & Thursday evening, 6:30pm – 8pm at the Hackensack High School Wrestling Gym, November 28, 2017 thru March 5, 2018. Matches are held on Saturday mornings in January & February.

Remember: School comes first! In order to wrestle you must maintain a passing average!

HACKENSACK JUNIOR WRESTLING (2017-18)

Name _____ Age as of 1/1/2018 _____

Address _____

Home Phone _____ Birth Date _____

E-mail Address _____

(You **MUST** provide a valid email address. All information for this program is received through email correspondence.)

School _____ Grade _____

Emergency Contact and Telephone # _____

Does your child use medication on a daily basis? If so, for what reason? _____

Parent Agreement

My child has permission to participate in the Hackensack Junior Wrestling Program. I do not expect Hackensack Junior Wrestling and / or its' coaches to assume any liability on his / her account. I will be responsible for providing transportation for my child to attend practices and or matches. I will be responsible for any equipment loaned to my child. As a parent, I realize the Hackensack Recreation Department has limited medical insurance coverage. In the event of an injury, I understand that my own hospitalization must be utilized first. My child is physically sound to participate in the Hackensack Junior Wrestling program.

Parent / Guardian _____ Date _____

Approximate Weight _____ lbs.

Please indicate wrestler's size below: (Circle one for each item)

Sweatshirt & T-shirt – Size:

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large

Sweat Pants & Shorts – Size:

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large