



**PUYALLUP PARKS & RECREATION
2011/2012 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 1/1/12) _____ 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 # _____

DATE ____ / ____ / ____ RECEIPT# _____ BY _____ AMOUNT PD _____



PUYALLUP PARKS & RECREATION PUYALLUP FALCONS JR. WRESTLING INFORMATION SHEET



REGISTRATION

SEPTEMBER 7 - OCTOBER 21 (*Late registrations will be accepted only if there are openings in your child's age & weight group*). *All registrations will be accepted on a space available basis.*

REGISTER AS SOON AS POSSIBLE.

Register at the Puyallup Recreation Center, 808 Valley Avenue NW, (253) 841-5457

6:00 am – 6:45 pm Monday – Friday

9:00 am – 1:45 pm Saturday - Sunday

OCTOBER 12, 2011 – ORIENTATION – 6:00 p.m. at the Puyallup Recreation Center, 808 Valley Ave. NW

OCTOBER 24, 2011 – FIRST PRACTICE – Local Jr. High to be announced at orientation, 6:00 – 8:00 p.m.

COST

Cost - \$68.00 per participant - City of Puyallup Resident Fee

\$82.00 per participant - Non-Resident Fee

AGE

Age is determined by the age of the wrestler as of January 1, 2012. **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.

PRACTICES (Subject to Change)

Practices will begin in October with dates, time and location to be determined. Practices in November will be held Monday, Tuesday, and Thursday from 6:00 – 8:00 p.m. continuing throughout the season, except for school holidays and gym/school conflict nights.

TENTATIVE SCHEDULE (Subject to Change)

11/5 Round Robin @ Bethel

11/12 Round Robin @ Yelm

11/19 Round Robin @ Puyallup

11/25 Tough Guy @ Orting

11/26 Turkey @ Franklin Pierce

12/3 Double Duel Meet @Enumclaw

12/10 Double Duel Meet @ Montesano

12/17 Holiday Tournament @ Kent

12/31 Rising Star @ Federal Way - Novice Only

1/7 Sub-Divisions @ Enumclaw

1/14 Divisions @ Montesano

1/21 League Championships @ Puyallup

1/28 & 29 State @ Spokane

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

For more information, call the Puyallup Recreation Center @ (253)841-5457