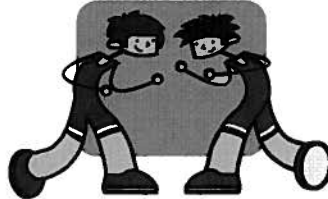


Greene County Department of Parks and Recreation

Youth Wrestling Team



Practices begin December 1, 2008
William Monroe HS Cafeteria
Schedule for Matches to be determined
Fee: \$40

Join an exciting winter sport for boys and girls.

Youth Squad: Must turn 6 years old during 2009 through Grade 5. Open Squad: Grades 6—8. Each wrestler will be provided a singlet. Wrestling headgear and shoes are required but are not provided. Transportation not provided to neighboring counties for matches. Practices will be from 6p.m.—7:30p.m. every Monday and Wednesday evening. Most matches will be on Saturday when the season begins in January. For practice all participants are to wear loose comfortable clothing and be prepared to have fun and work hard. Parents are needed to form a Boosters Club. Required equipment can be purchased at Downtown Athletic, Dick's Sporting Goods and Play It Again Sports.

Registration deadline is November 25, 2008. Late registrations will be taken at the first practice plus \$5 late fee if space is available.

Participant Registration Form

Mail this form to: Greene County Parks and Recreation
P.O. Box 358 Stanardsville, VA 22973 434-985-5226



Shirt Size: YthS YthM YthL AdS AdM AdL

Participant Name: _____

Mailing Address: _____ Home Phone _____

City: _____ Zip _____ Work Phone _____

Male/Female: _____ Birthday: _____ Age: _____ Grade: _____

Program Name/Location: Youth Wrestling—WMHS Cafeteria Start Date: 12/01/08 Fee: \$40

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature of Parent/Guardian/Participant

Print Name—Parent/Guardian/Participant

Date