



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220

Junior Wrestling

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec**

- **Who:** Children Grades 1-4 and 5-8
- **Where:** Grades 1-4- MMS All Purpose Room
Grades 5-8- CGHS Aux Gym or MMS All Purpose Room
- **When:** Grades 1-4- Mondays & Wednesdays
Grades 5-8- Mondays, Tuesdays, Wednesdays & Thursdays
(Program will start beginning of November. You will be notified by coaches. Practices days/dates are subject to change)
- **Time:** Grades 1-4- 6:30-7:30pm; Grades 5-8- 6:00-8:00pm
Please note practices are subject to change, especially when matches begin.
- **Fee:** \$90.00/child - - cut-off will be Nov. 9th, any one added after this date will be at discretion of Rec. Department & League.
Late fee of \$10 after 11/2/18

MANDATORY ITEMS REQUIRED: Sneakers or Wrestling Shoes & HEAD GEAR

PARENTS: PLEASE REGISTER YOUR EMAIL AT www.leaguelineup.com/cgwrestling

Description: Matches are determined by age, weight and experience. Cedar Grove students will be participating in a league along with other communities. A schedule will be given out prior to the start of the season. Each wrestler will receive a shirt and shorts. The league includes a tournament at the end of the season.

Jr. Wrestling – 2018-19

NAME _____ DOB _____ AGE _____ GRADE _____

SCHOOL _____ ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) _____

Check One: Grades 1-4 _____ Grades 5-8 _____ **WEIGHT:** _____

T-Shirt Size (Circle One): YM YL AS AM AL **Shorts Size (Circle One):** YM YL AS AM AL

I hereby give permission for my child to participate in this program. I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a game. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my absence.

Parent/Guardian Signature _____ **Date** _____

\$90.00