



**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 1-8
 - ✓ Athletes will be grouped based on experience level and may be moved up or down at the coach’s discretion.
 - *Novice*: Athletes in their 1st or 2nd year of wrestling.
 - *Intermediate*: Athletes in their 3rd+ year of wrestling.
- **Where:** CGHS Aux Gym
- **When:**

Tuesday & Thursday

 - ✓ *Novice*: 5:30 – 6:30
 - ✓ *Intermediate*: 6:30 – 8:00

Friday

 - ✓ *Intermediate*: 6:00 – 7:00
- **Fee:** \$90.00/child - cut-off will be Nov. 9th, any one added after this date will be at discretion of Rec. Department & Program Director. Late fee of \$10 after 11/22/19

MANDATORY ITEMS REQUIRED: Wrestling Shoes & HEAD GEAR

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 – 2019-20

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: Novice _____ Intermediate _____ **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