

Andover Youth Wrestling 09-10

The Youth Services is offering the fifth year of youth wrestling in Andover. We have split our group into two divisions: 1st through 4th grades and 5th through 8th grades. The program is open to all boys and girls in Andover Public and private schools. Participants will learn the skills and techniques during practices and will compete in regional tournaments on a few Saturdays. No experience is necessary. This program will be coached by Kevin Cote, St John's JV Coach.

5th – 8th Grade Division

- Who:** Boys & girls in Grades 5-8
- Where:** Wood Hill Middle School
- When:** Tues & Thurs from 6-8pm
(some Saturday morning tournaments)
- Starts:** Nov. 24 ends mid February
- Cost:** \$120
- Mandatory Equipment:** Shoes, headgear

1st – 4th Grade Division

- Who:** Boys & girls in Grades 1-4
- Where:** Wood Hill Middle School
- When:** Tues & Thurs from 6-7pm
(some Saturday morning tournaments)
- Starts:** Nov. 24 ends mid February
- Cost:** \$75
- Mandatory Equipment:** Shoes, headgear

To register: Pre-register by mailing the completed form, check (payable to AYS), and emergency sheet to: AYS, 36 Bartlet St, Andover, MA 01810 or bring your completed forms to the first wrestling practice on Tuesday, November 24 at 6:00pm.

If you have any questions about this program, please contact Bill Fahey at wfahey@andoverma.gov or 978-623-8241

REGISTRATION INFO

Player's Name _____ Email (players) _____

Parents/Guardian Names (Both) _____

Address _____ Email (parents) _____

Home Phone _____ Cell phone _____

School _____ Current Grade _____ Date of Birth _____

Height _____ Weight _____ Singlet/t-Shirt Size _____ Are you a new wrestler? Y N

Please check one:

5th – 8th Grade Division \$120

1st – 4th Grade Division \$75

Please fill out emergency information sheet on the back of this registration form.

Youth Wrestling -09-10 - For office use only:

How paid: Cash Check # _____ EIS _____ Date Processed _____

Permission and Emergency Information Sheet

Please write clearly

Child's name: first, middle initial, last

Street Address

Town and zip code home telephone

Parents email

Parents email

Mother's/guardian's name cell telephone

Father's/guardian's name cell telephone

Doctor's name telephone

Insurance Provider Policy #

Subscriber's name

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

Andover Youth Services

Town Offices, 36 Bartlet Street, Andover, MA 01810
Telephone: (978) 623-8241 Fax: (978) 623-8221

Tshirt size
Youth large Adult: SM M L XL XXL

M F

Sex (circle one)

Birthdate

School attending

Age/Grade

In the case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

_____ () _____

_____ () _____

Parental Signature

I, the undersigned _____ (legal relationship) of _____ ("my child"), a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Youth Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Youth Services Division.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Youth Services Division.

I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

Signed _____ Date _____

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