

The Hopewell Township Parks &  
Recreation Department

is sponsoring a....

# Wrestling Club



**Experience the sport of Greco-roman/freestyle wrestling!**

This club will be under the direction of an experienced staff of volunteer coaches including members of the Mercer County Championship Wrestling Team from Hopewell Valley CHS.

**Grades: 5 - 12**

**When: Thursday nights  
April 12 to May 31**

**Each day: 7pm to 8:30pm**

**Where: Timberlane Aux. Gym**

**Cost: \$35 (\$30 Hopewell Twp. Resident)**



*Note: Wrestlers will be required to purchase individual memberships on-line, with USA Wrestling to participate in any tournaments at a cost of \$41.*

This wrestling club will include instruction of Olympic wrestling technique, live wrestling and drilling. Instruction will focus on Freestyle and Greco roman styles of wrestling. This club will provide an opportunity for all levels of wrestlers (inexperienced & experienced) to learn new skills and improve technique. Participants will need to wear appropriate gym clothes. If you have head gear and wrestling shoes bring them.



Registration form attached, on the HTPRD website  
at [www.hopewelltpw.org](http://www.hopewelltpw.org) or call 737-3753.



**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT**  
**GRECO-ROMAN/FREESTYLE WRESTLING CLUB**  
**REGISTRATION FORM – 2018**

**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

**Primary Contact (Parent or Guardian):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Contact (Parent, Guardian or Other):**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Grades 5 to 12**  
**7:00pm to 8:30pm**

**Thursdays, April 12 to May 31**  
**Program Fee \$35 (HT Resident \$30)**

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Wrestling Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make checks payable and send to: HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**  
**201 Washington Crossing-Pennington Road**  
**Titusville, NJ 08560**  
**Phone # (609) 737-3753**

