

MARBLETOWN PARKS & RECREATION DEPARTMENT
PO Box 217, Stone Ridge, NY 12484
845-687-7500 x170
parks@marbletown.net

WRESTLING REGISTRATION FORM

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ CITY/STATE _____

CELL PHONE _____ SHIRT SIZE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses) _____

I hereby give my permission for the above to participate in the above program offered by the Town of Marbletown. I give my permission for a licensed physician or licensed first aid person to administer medical aid.

I understand that the Town of Marbletown is not responsible for any injury that occurs during the activities offered by the Marbletown Parks & Rec Department. I am responsible for my own child's medical coverage. Please remember that the job of our coaches is to instruct your child in the sport that he/she is participating in. They are not meant to be child care providers. No child (participant or sibling) should be left unattended during our programs. If you need to leave for any reason, please appoint a friend or relative to watch your child and to take him/her home in case of an emergency. Our goal is for your child to have a safe and happy experience.

_____ **Please initial if you give the The Town of Marbletown Recreation Department the right to take photographs of my child and allow them to use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content**

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

Print Name

Date _____

GRADES 1 – 3 _____

GRADES 4 – 6 _____