

**MARBLETOWN YOUTH AND RECREATION COMMISSION**  
**PO Box 217, Stone Ridge, NY 12484**  
**845-687-0800**  
**youthandrec@marbletown.net**

WRESTLING REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE INFO \_\_\_\_\_

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

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I hereby give my permission for the above to participate in the above program offered by the Marbletown Youth Commission. 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 Youth Commission. 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.

\_\_\_\_\_ **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 K – 3 \_\_\_\_\_

GRADES 4 – 6 \_\_\_\_\_