

CHARDON YOUTH WRESTLING

Please register on website at www.chardon.cc
or by mail! Advance registration is necessary.

Complete the Registration Form on the reverse side and mail to:



RECREATION DEPARTMENT
CITY OF CHARDON
111 WATER STREET
CHARDON 44024-1201

The Chardon Recreation Department is offering youth wrestling for children in grades 1 thru 6 (ages 7 to 12) in the Chardon community and surrounding neighborhoods. The program will focus on: skill development, sportsmanship, teamwork, fitness and FUN!

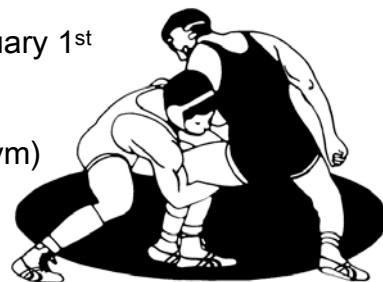
There is no experience needed. Besides practice, the participants will be able to compete as part of the Ohio Youth Wrestling League. Dual meets are Sundays starting in late November at Mentor Memorial Junior High (not required).

Dates: Tuesday and Thursday evenings; November 1st – February 1st

Time: 6:00 p.m. – 8:00 p.m.

Location: Chardon High School Wrestling Room (behind the gym)

Fee: \$80



Contact: Brian and Sara Haueter for additional information: shaueter7@gmail.com or
440-537-8533

Youth Wrestling Registration Form

Registrant's Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Primary Phone # _____ Secondary Phone # _____

Email address _____

Fee: **\$80** (checks payable to City of Chardon.)

Please list any health problems the participant may have, so the staff can be informed.

STATEMENT OF WAIVER *must be signed and dated below.*

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the City of Chardon and Parks and Recreation Department accepting registrant for its programs and activities, the undersigned hereby assumes any risk and releases, discharges, and otherwise indemnifies the City of Chardon, its employees and agents, including the owners of the facilities utilized by the City, against any claim for injuries received by the registrant as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.

3. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant.

Print Name _____ Date _____

Signature of Above (**required**) _____

In the Event of an Emergency Contact _____

Telephone Number _____

Check Number # _____

Receipt Number # _____