

# 2011 Fall Youth Wrestling

Wrestling Starts Tuesday, November 15, 2011. Sign up today!

**AGES:** K-5. Check out <http://bit.ly/youthwrestling> for more advanced options for K-8.

**REGISTRATION:** Deadline to qualify for a t-shirt is November 8, 2011

**FEES:** \$20 per city resident  
\$30 per non city-resident

**FORMAT:** Watertown Youth coaches will lead this instructional series designed to teach the fundamentals of wrestling. Focus will be on the basics, drills for building core strength and balance, and combative games. Other options will be made available for those interested in taking their wrestling to a higher level for competition (see URL above).

**DATES AND TIMES:** K-2 Sessions will be Tuesday evenings from 6:00-7:00 pm.  
Grades 3-5 Sessions will be Tuesday evenings from 7:00-8:00 pm.  
Grades 6-8 and advanced K-5 wrestlers see <http://bit.ly/youthwrestling>.  
The season will run from November 15, 2011 until December 20, 2011.  
Opportunities will be available for those wishing to continue.

**LOCATION:** High school Mezzanine (turn left at top of the main staircase in commons).

**SPECIAL NEEDS:** The Department will make every effort to comply with the regulations associated with the Americans with Disabilities Act (ADA). In the space provided below, please list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss your participation.

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Watertown Park and Recreation Department

## 2011 Fall Youth Wrestling

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Name and phone number of someone to call if parents are not at home \_\_\_\_\_

T-shirt Size: | 6-8 | 10-12 | 14-16 | S | M | L | XL |

**Parent is willing to help: Yes | No**

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Parent/Guardian Signature \_\_\_\_\_

\$20 cr

\$30 ncr