



2016-2017

Registration Form

Wrestling is a winter sport so even if you play soccer, baseball or football you can still wrestle. It is a great way to stay in shape and create opportunities for college scholarships.

The Ewing Recreation Wrestling Program is **for individuals in grades K-8**. This is an **instructional** program, which emphasizes getting fit and building confidence. The mission statement is to provide a fun and competitive environment designed at the youth level as well as introduce and foster the sport of wrestling. Discipline, team unity, respect, and good sportsmanship will also be highly stressed. **No previous wrestling experience needed to participate. Visit our website at www.ewingrecreationalwrestling.com.**

REGISTRATION: Anytime after October 1, 2016 at Ewing Senior and Community Center, 999 Lower Ferry Road from 8:30 a.m. - 9 p.m. and weekends from 12 p.m. - 5 p.m. For information call 609-883-1776.

REGISTRATION FEE: \$85 per participant; Non-Ewing residents - \$25 additional; \$125 for 2 participants in one household; \$15 extra per additional participant in family. Checks payable to Ewing Recreation Department. Ask Coach Tye about a \$10 referral rebate for bringing new members to the team.

LOCATION: Practices held at the Ewing Senior and Community Center, 999 Lower Ferry Road, Ewing. Practices may also be held at the Ewing High School upon notice.

PROGRAM TIMES: Practices begin on **Thursdays, Nov. 3, 2016 at 6:30 p.m. - 8 p.m.** There may be 1 to 3 practices a week during the season. Beginning early January through mid-February matches are scheduled on weekends at one of the schools in the league. A tournament is also planned for the end of the season.

NOTE: There will not be any practices when Ewing Public Schools are closed or have half days.

DRESS: T-shirts, shorts, sweat pants, wrestling shoes. Headgear is required.

QUESTIONS: Call Coach Tye at 609-273-2739 or email tye@princeton.edu.

Complete both sides of this form

Parent/Guardian Name: _____ Child's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

School: _____ Grade: _____ Weight: _____ Birth Date: _____

Shirt Size: _____ Sweat Shirt Size: _____ Shorts Size: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

AMOUNT PAID \$ _____ CASH _____ CHECK # _____ MUNICIPALITY _____

RECEIVED BY _____ DATE _____ RECEIPT # _____