



Wrestling is a winter sport. 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.

2024-2025 EWING RECREATION WRESTLING REGISTRATION INFORMATION AND FORMS

Who can participate: The Ewing Recreation Wrestling Program is for individuals in grades 1st – 8th. This is an instructional program which emphasizes getting fit and building confidence. No previous wrestling experience needed to participate!

Our mission statement: 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. Team = Family.

Registration: online at communitypass.net

If you require assistance, please contact Nancy at npappano@ewingnj.org

Dates: Opens September 27th – closes November 15th or when maximum registration is met. Register early as this program fills up fast.

Resident Fees and Discounts: \$100 per participant. Sibling discounts are \$155 for 2 participants and \$195 for 3 participants. Please make checks payable to Ewing Recreation Department.

Parent Orientation: There is a one-time mandatory parent meeting held at the beginning of the season. The date/time is TBD (to be determined). Please note that wrestlers and children are NOT to attend.

Waiver: All Parents/Guardians must complete the attached waiver form and return it with the registration form and payment.

Practices

Location: Practices will be held in the new gymnasium at Fisher and EHS wrestling room.

Times: Practices are held weekly on Tuesdays, Wednesdays and Thursdays starting at 6pm.

What to wear: Every wrestler must have fingernails trimmed and be dressed to exercise. Athletic shorts or sweatpants and a T-shirts are suggested. Wrestling shoes and headgear is required. Mouth guards are required for participants with metal braces. Do not wear uniforms to practice unless advised to do so by the coaching staff.

Uniforms: A deposit per participant will be collected for uniforms (team singlets and shorts) used during matches and tournaments. The deposit will be returned at the end of the season when the uniforms are returned.

THIS IS A SEPARATE FEE AND IS NOT INCLUDED WITH THE REGISTRATION FEE!

Questions/Concerns? Call Coach Tye at 609-273-2739 or email tye@princeton.edu

2024 - 2025 EWING RECREATION WRESTLING REGISTRATION FORM

Please complete both sides of this form

Child's Name: _____

Age: _____ DOB: _____ School: _____

Male/Female: _____ Grade: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Emergency Contact Information (if different than above):

Name: _____ Phone #: _____

Parent/Guardian Signature: _____

Date: _____

-----FOR OFFICE USE ONLY-----

Amount Paid: _____ Cash: _____ Check Number: _____

MUNICIPALITY: _____ Received By: _____

Date: _____ Receipt Number: _____

2024 – 2025 EWING RECREATION WRESTLING WAIVER:

ACKNOWLEDGEMENT OF RISK

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above-mentioned activity presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death. While the possibility of serious injury to participants is unlikely, it is important that all participants realize that these risks do exist.

PARENT/GUARDIAN AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named participation in this program. I have received, read and understand the risks. I understand that I must obey all rules and regulations and follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. I understand the risk associated with this program, and I agree to accept responsibility.

I certify that I am in proper physical condition for safe participation in the Ewing Recreation Wrestling program and I agree that it is incumbent upon me to immediately inform the Ewing Township staff should my physical condition change at any time prior to or during my participation in the program. I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Township permitting me to participate in the previously mentioned program, the undersigned, _____ hereby waive and relinquish all claims I (we) may have as a result of said person participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

Participant's Name(s) _____

Parent or Legal Guardian Name [indicate which]: _____

Signature: _____

Date: _____