

FREEDOM WRESTLING

PORT JEFFERSON WRESTLING ROOM

Tuesday & Thursday

Time: 5:15-6:30

Starting March 6th

Practices will be geared towards High School wrestlers (Gr. 7-12). **There is no charge for the practices.** However donations to the program are accepted. If you plan on attending you must sign the waiver and have a USA wrestling card.

For more information please e-mail: mmaletta@portjeffschools.org or call me @ 516-510-8061

Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises. You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

NAME: _____ SIGNATURE _____

NAME: _____ GRADE: _____ DATE OF BIRTH ____/____/____

ADDRESS: _____ TOWN: _____ ZIP: _____

EMAIL ADDRESS: _____ TELEPHONE #: (____)-____-____

EMERGENCY CONTACT NAME: _____ EMERGENCY #: (____)-____-____

USA CARD #: _____ APPROX. WEIGHT: _____ WRESTLING EXPERIENCE _____ yrs.

MAIL TO: M.MALETTA

350 OLD POST RD.

PORT JEFERSON NY 11777

(or BRING COMPLETED FORM ON FIRST NIGHT)