

Kenilworth Recreation Wrestling K-8th Grade Registration

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INTERESTED IN BEING A PART OF SOMETHING SPECIAL?

If you are a resident of Kenilworth,
Springfield or Winfield Park
fill out the form below and bring it with you
to registration.

One form per child is necessary.

REGISTRATION TIMES: Thursday Oct. 20th at 6:00pm-8pm and Saturday Oct. 22nd at 9am-11am
at

KENILWORTH RECREATION CENTER
575 Boulevard, Kenilworth, NJ 07033

SIGN-UP FEE \$40

If you have any questions, please call Vinnie Rappa at (908) 347-8807

Wrestlers do not need to be present at registration.

Wrestlers Name _____

Wrestlers approx. weight _____ lbs. Birth Date ____/____/____

Grade _____ School _____

Home Phone (____) _____ Cell Phone (____) _____

Home Address _____

Email Address _____

I / We, the parent(s) of the above named child, who is a participant in the above named activity of the Kenilworth Recreation Department, hereby give my / our approval for his / her participation in any and all activities as named above during the season. I / We assume all risks and hazards incidental to the conduct of the activities and transportation to and from said activities. I / We do further hereby release, absolve, indemnify and hold harmless the Kenilworth Recreation Department, organizers, sponsors and supervisors, any and all of them. In case of injury to my / our child, I / we hereby waive all claim against the organizers, sponsors or any of the supervisors appointed by them.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Full Name – Printed _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Full Name – Printed _____