

# Riverton Wolf Pack Wrestling

## Junior High & Middle School Program

Join us for the first ever Riverton Junior High & Middle School Wrestling Program. Great coaching, tournaments, singlet, beginner and intermediate age & weight divisions.

**Dates:** November 9, 2009 - January 30, 2010 *\*You may also register the first night of practice at RHS*

**Cost:** \$130 (includes singlet, practice & 5 Tournaments)  
\$175 (includes singlet, practice, USA Wrestling Card & 7 Tournaments)

**Ages:** 5th-8th grades

**Practice Days:** Mondays, Wednesdays & Fridays

**Practice Times:** 6-7:30 pm

**Location:** RHS Wrestling Room (12476 S 2700 W)

**Tournaments:** TBA

**Contact:** Coach Billy Cox, email: Billy\_Cox@silverwolveswrestling.com

Register at Riverton Parks and Recreation, Room E205, 12830 S Redwood Rd, Phone: 208-3101  
Office Hours: M-F 8-5 pm,  
*\*make checks payable to*  
**RIVERTON CITY**

**2009 Riverton Junior Wrestling (16-1607)**

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please read and sign **MEDICAL CONSENT & RELEASE OF LIABILITY** to complete registration.

As a participant or parent/guardian of the participant, I hereby consent that I/he/she may participate in Riverton Parks and Recreation Programs and I hereby state that the information contained herein is true and complete.

- RELEASE, INDEMNITY, TRANSPORTATION.** Recognizing the possibility of physical injury associated with participation in Riverton Parks and Recreation Programs, I hereby release and agree to hold harmless and indemnify Riverton City, associated organizations and personnel from and against any claims by or on behalf of the participant for any damage against any claim by or on behalf of the participant for any damage or injury he/she or I may suffer including legal fees, as a result of his/her or my participation in the program, including transportation to and from activities.
- EMERGENCY MEDICAL CARE.** I hereby give my consent for emergency medical treatment by Riverton City, its employees, agents or health care provider(s) designated by them, in accordance with their best judgment.
- INSURANCE.** I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).
- REFUND POLICY.** 1) \$10 of each registration fee is non-refundable to cover city administrative costs. Exception: in the case of a program cancellation participants will receive a full refund. 2) All participants requesting a refund must submit a written refund request to the Program Coordinator explaining why they are withdrawing from the program, participant's name, program name as well as name and address of person receiving the refund. In order to receive a refund the request must be received before the first class, lesson or game. If request is not received before the first class, lesson or game, no refund will be given. However, medical conditions or other special circumstances will be handled on an individual basis. 3) Refunds will not be given nor will fees be prorated based on missed classes, lessons or for missed, forfeited or games cancelled due to weather.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_