

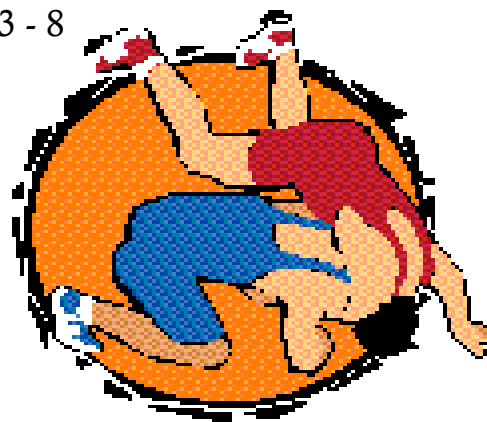
P.A.W.S. Wrestling

Princeton Amateur Wrestling Society for Boys & Girls in Grades 3 - 8

P.A.W.S. Wrestling is open to young men & young women in grades 3 - 8. The Princeton PAWS team competes in the Mercer County Wrestling League and the Grapevine League. Quality instruction is given to all wrestlers during practice sessions and our coaching staff will work to find the most appropriate level of competition for each wrestler.

PAWS will begin on Tuesday November 10, 2009 and run through early March 2010. PAWS practices on Tuesday & Thursday evenings from 7 - 8:30 p.m. in the Jadwin Gymnasium Wrestling Room @ Princeton University. There will be Saturday practices in November and December from 10 - 11:30 a.m. @ Jadwin Gym. Match schedule will be announced by coaches as it becomes available. Matches are usually on Saturdays or Sundays in January/February as well as some weeknight matches that will take the place of scheduled practices.

All participants must have the registration form, waiver and medical form completed before they are allowed to participate. In addition to the registration fee, all wrestlers must purchase a USA Wrestling membership, which is good for one calendar year. The fee of \$30 will be collected by the PAWS coaching staff once practice begins.



Registration Fee

Princeton residents: \$185
Nonresidents: \$220
Uniform fee: \$60

***All newcomers to PAWS have the option of a two-week trial period, during which the child can attend PAWS practice and decide if he/she likes the program. To do this, parents MUST complete all paperwork and submit payment with the Princeton Recreation Department. Payment will be returned if child decides to withdraw after the two-week trial period.**

Questions? Call Ben Stentz at the Princeton Recreation Dept. 609-921-9480 or by e-mail at stentz@princeton-township.nj.us

Princeton Recreation Dept., 380 Witherspoon Street, Princeton, NJ 08540 - 609-921-9480

Check box for 2-week trial

PAWS 2009/2010

AGE _____ DATE OF BIRTH _____ WEIGHT _____ SINGLET SIZE _____

FIRST & LAST NAME _____ E-MAIL (parent) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL _____ GRADE _____



Send payment to: Princeton Recreation Department
380 Witherspoon Street
Princeton, NJ 08540

CASH/ RECEIPT # _____ CHECK# _____ (payable to Princeton Recreation Dept.)

CREDIT CARD Mastercard VISA Card # _____

PLEASE PRINT CLEARLY EXP. DATE _____

Name as printed on card _____

Signature _____

Princeton Recreation Dept.
PAWS/Tiger Cubs
Emergency Medical Form

Please Print Clearly

Participant Name: _____ Gender: _____ Date of Birth: _____

Mother's Name _____ Best Contact # _____

Father's Name _____ Best Contact # _____

Emergency Contact: _____ Best Contact # _____
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Restricted activities, if any: _____
Medications currently being taken: _____
Allergies or reactions: _____
Recent illness or surgery: _____
Other Comments: _____

**PRINCETON JOINT RECREATION BOARD
PRINCETON RECREATION DEPARTMENT
AGREEMENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK
AND WAIVER OF ALL CLAIMS**

PLEASE READ CAREFULLY

I recognize and acknowledge that there are certain risks of physical injury inherent in _____'s (the "Minor") participation in this program. I have received, read and understand the risks and have discussed them with the Minor. The Minor understands that the Minor must obey all rules and regulations, follow all safety procedures, and obey all instructors, assistant instructors, and staff members assigned to this program.

I certify that the Minor is in proper physical condition for safe participation in this program, and I agree that it is incumbent upon me to immediately inform a program instructor, assistant instructor or staff member should the Minor's physical condition change at any time prior to or during his/her participation in this program.

I agree to waive, release and relinquish any and all claims that the Minor and I may have against the Princeton Joint Recreation Board-Recreation Department, its officers, agents, servants and employees which may accrue to me as a result of injury, death, damage or other loss the Minor or I may suffer as a result of the Minor's participation in this program, and I furthermore agree to indemnify, defend and hold harmless the Princeton Joint Recreation Board-Recreation Department and its officers, agents, servants and employees from any and all such claims.

I expressly agree that this agreement is intended to be broad and inclusive to the fullest extent permitted by the laws of the State of New Jersey and that if any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that in the event of a serious accident or illness, it is the policy of the Princeton Joint Recreation Board-Recreation Department to contact the Princeton Township Police Department and appropriate emergency medical service to perform first aid and, when necessary, recommend transport of the victim to the hospital and attempt to contact the parent or guardian as soon thereafter as the situation allows.

By signing below, I acknowledge that I understand my responsibilities as outlined above.

Parent or Legal Guardian (Please Circle Which)

Signature _____

Print Name _____