

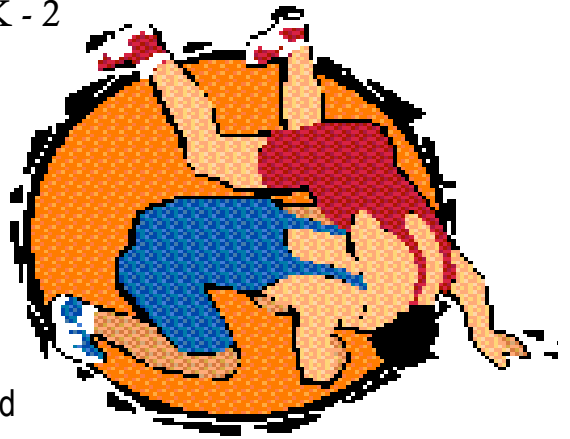
Tiger Cubs Wrestling

Introductory Wrestling Program for Boys & Girls in Grades K - 2

The Tiger Cubs Wrestling program begins its 4th season of introducing boys & girls in grades K - 2 to the basic fundamentals of wrestling. **This is a non-competitive program.** Tiger Cubs will be taught the importance of stretching, conditioning, physical fitness and following instructions. In addition, each one-hour practice will focus on one wrestling concept. Competition will be de-emphasized.

The goal of this program is to introduce the kids to wrestling by participating in a fun, safe and rewarding program. Parents are expected to participate in the activities with their child and assist their child in paying attention and following the instructions of the coaching staff.

Parent participation at practice is mandatory and crucial to the success of the program.



Registration Fee

Princeton residents: \$110
Nonresidents: \$135

Practice schedule

- * Saturdays: November 21/December 5, 12, 19/January 9, 16, 23 & 30/February 6, 13
- * Jadwin Gym wrestling room @ Princeton University
- * 9:00 a.m. - 10:00 a.m. in November and December/10:00 - 11:00 a.m. in January
- * Visit our website for updated information: www.princetonrecreation.com

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

TIGER CUBS 2009/2010

AGE _____ DATE OF BIRTH _____ WEIGHT _____

FIRST & LAST NAME _____ E-MAIL (parent) _____
please print clearly)

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 _____

Credit card information will be destroyed after processing

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 _____