

Easton Recreation 2017-2018

WRESTLING PROGRAM

Grades 5-8

Location: Oliver Ames High School Gym (wrestling room)

Practice Days: Tuesdays and Thursdays, January 2nd – March 8th

No practice February 20th or 22nd

Varsity practice is scheduled before our practice, if you would like to come early and watch.

Time: 5:30pm – 7:00pm

Fee: \$155.00

Meets: To be announced

T Shirt Size (please circle one) YL AS AM AL AXL

Equipment needed headgear, wrestling shoes, and mouth guard

Name _____ **Address** _____

Phone _____ **Email** _____ **Grade** _____

Emergency Contact Name _____ **Phone** _____

TOWN OF EASTON VOLUNTARY CONSENT AND RELEASE FORM (Students under 18)

I, _____ the undersigned parent/guardian of _____, a minor, do hereby

consent to my child's participation in the _____ offered by the Town of Easton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the above-described voluntary activities occurring on the property of the Town of Easton's voluntary athletic or recreation programs/activities. I hereby forever, release, indemnify, defend, and hold harmless the Town of Easton against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Easton's voluntary athletic or recreation programs/activities. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs/events is voluntary and that my child and I are free to choose not to participate in said programs/events. By signing this Form, I affirm that I have decided to allow my child to participate in the above described Town of Easton's athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in the above-described voluntary activities.. As parent/guardian of the above-named minor child, in any absence, I hereby authorize the Town of Easton to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the wellbeing of my child.

Signed: _____ Parent or Guardian of: _____

Dated: _____ Medical Insurance Policy No: _____

Please complete form, sign release, enclose a check payable to the Town of Easton and mail to the Recreation Department, 15 Barrows St. North Easton, MA 02356. For more information on programs, cancellations or to register and pay online, Please visit www.easton.ma.us. The deadline to register is Tuesday, December 19th.