

2012 YOUTH WRESTLING PROGRAM REGISTRATION FORM
F-P RECREATION, INC.
PO BOX 7 FABIUS, NY 13063

F-P Recreation, Inc. is sponsoring the youth wrestling program from January through March for boys in grades 1 through 6. The program will be held at the Elementary School gym **starting on January 4, 2012, 7-8:30pm** and will run every Wednesday and Friday. The registration fees are \$20/child (\$40 max/family) or \$10/child (\$20 max/family) if you have already worked a Dome event. Registration forms can be turned in the first day of practice or mailed to the address above.

Has a parent or guardian worked a dome event to benefit the F-P Rec. since September 1, 2011? Yes No Enter voucher number _____

Player Information: - One player per form. Forms available at www.fprec.org

STUDENT'S NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ GRADE: _____

MEDICAL PROBLEMS: _____ ALLERGIES: _____

PARENT(S) / GUARDIAN(S): _____ PHONE: _____

EMAIL: _____

I WILL ASSIST WITH THE FOLLOWING: Coaching Asst. Coach Umpire Division Coordinator

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIANS NAME: _____ PHONE: _____

PHOTOGRAPHY (OPTIONAL)

I hereby give my consent to allow my child to be photographed during FABIUS-POMPEY RECREATION, INC. sporting events. I also understand and agree that images may be displayed on the FABIUS-POMPEY RECREATION, INC., website.

Parent/Legal Guardian Signature: X _____

SIGNATURE REQUIRED BESIDE BOTH X's

PARTICIPATION AUTHORIZATION / INDEMNIFICATION

I hereby give my consent for my child to participate in the program being conducted by FABIUS POMPEY RECREATION, INC. and declare that I will not hold FABIUS POMPEY RECREATION, INC., their employees, organizers, sponsors, supervisors, participants, any person providing transportation, or any volunteer associates with the program, responsible for any injuries, damage, or personal loss incurred while participating in said program whether the result of negligence or any other cause. The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructor and/or personnel in charge of the program. I further understand there are inherent risks in this program, and I fully assume and accept all such risks, and I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless the Fabius Pompey Recreation, Inc., their employees, organizers, supervisors and/or volunteers from all liability, claims, demand, losses or damages on the minor's account caused or alleged to be caused in whole or part as a result of the releasee's conduct; and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify and save and hold harmless each of the releasees from any litigation, expenses, attorney's fees, loss, liability, damage or cost, any may incur as a result of such claim.

Parent/Legal Guardian Signature: X _____

MEDICAL AUTHORIZATION / INDEMNIFICATION

I understand that FABIUS POMPEY RECREATION, INC., its staff and all persons related directly or indirectly with Recreation Programs assumes no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical/ dental treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical/dental procedures deemed necessary by any medical personnel, or the attending authorities of FABIUS POMPEY RECREATION, INC.

Parent/Legal Guardian Signature: X _____

ADDRESS: _____ PHONE: _____ DATE: _____