



Brown County 1st-4th Grade Wrestling Club Brown County Parks & Recreation

<i>Office Use Only</i>	
Date Rec. _____	_____
Receipt # _____	_____
By: _____ Amt. \$ _____	_____
Cash _____ Ck # _____	_____

****Parental help is requested! Please let us know if you are interested in helping****

Practices: Tuesdays 5:30 pm – 6:30 pm October 29th – December 17th 2019

Practices held in the High School Gymnasium Wrestling Room

Register at Parks & Rec. office or online at bcparksrec.com

Instructors will include the High School Wrestling Coach!

ALL participants will receive a “Brown County Wrestling” T-Shirt.

Program Fee \$30.00

Program Description: This program emphasizes core skill development for students from 1st Grade through 4th Grade and is limited to this age group. The program is designed to provide basic skill development and basic skill enhancement. Base skills are critical in sports. Program will follow USAWrestling 7 Base Skill (Position, Motion, Level Change, Clearing, Lifting, Back Step, and Arch and Turn.) We will also work to learn and perfect the toolbox of skills used in our scholastic program. These skills include the techniques used for all of Brown County Scholastic Programs so we have consistent training throughout an athlete's career. Practice cancellations will follow the school for weather, or there may be times when we have limited coaches available. Cancellations will be communicated as far in advance as possible. For more information email instructor Josh Sparks at: jsparks@browncountyschools.com or, call Parks & Rec. at 812-988-5522.

Name: _____

Age: _____ Date of Birth: _____

Grade: _____ School: _____

Shirt Size: _____ Yrs in Program: _____

Parent/Guardian's Name:

Mailing Address:

City: _____ Zip: _____

Phone: _____

Email: _____

Brown County Parks & Recreation
PO Box 299 / 1001 Deer Run Lane
Nashville, IN 47448
812-988-5522 bcparksrec.com



LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

MEDICAL RELEASE: In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for whatever medical or surgical attention that may be needed.

Emergency

Contact: _____

Phone: _____

Picture Release: By signing this form, I as a participant or legal guardian representing a minor participant, agree to allow BCPR to use pictures taken at events for promotional purposes.

Code of Ethics Release: I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

Physical Limitations (allergies, hearing, sight, etc.):

Parent/Guardian Signature:
