



Awarded the Tri-County Youth Wrestling League '2008 Team Sportsmanship Award'

It's TIME for WRESTLING!

WE ARE A TOP NOTCH RECREATION SPORTS PROGRAM FOR KIDS
in Morristown, Morris Township and Morris Plains – established in 2000.

Wrestling promotes sportsmanship, self esteem, quick and strategic thinking
and complete physical fitness, strength, endurance, balance and healthy eating.
Come out & try it for free!

IN-PERSON REGISTRATION will be held at the Frelinghuysen Middle School
Saturday, October 18th 9:00AM - 1:00PM

You may also register at any practice during the first two weeks of November.

EARLY BIRD REGISTRATION Must Be Postmarked by October 31st. Registration
forms and payment can be mailed directly to: The MoTown Grapplers Club at PO Box 91, Morristown, NJ
07963

First Practice (for all wrestlers) will be Nov 1st

- For all kids ages 6 – 14 years old from Morristown, Morris Township & Morris Plains
- Season runs from November through February, with practices held 2 days a week for Clinic and 3 days a week for JV and Varsity at the Frelinghuysen School Gym and the Morris County YMCA
- Groups are separated by age and level.

FREE CLINIC

Are you unfamiliar with the sport of wrestling? Join us for a FREE Take Down Clinic and Tournament – October 23th – 6:45 pm at the Frelinghuysen Gym. Learn about the sport of wrestling and see if you like it. Medals given to all participants. Contact Sam Champi at schampi@riverdrive.biz or 973.223.0225 to register or if you have questions. To learn more about the sport of wrestling, visit our website www.motowngrapplers.com

The Registration Fee is \$75 (\$65 for each additional child in a family).

The Early Bird rate is \$65 (\$60 for additional siblings) – IF postmarked by 10/31/08.

Please make checks payable to: Mo-Town Grapplers Club.

The registration fee may be waived for special circumstances, contact Carla to discuss at 201.787.1862 or email at ckaycampbell@aol.com.

Check us out at www.motowngrapplers.com for more information & registration forms.

Es tiempo de Wrestling! (los niños 6-14 años)
Si usted tiene preguntas, llama a Roxana Manahan-Gonzales 973-525-3266
www.motowngrapplers.com para mas informacion

2008-2009
Mo-Town Grapplers Club
P.O. Box 91, Morristown, NJ 07963

Athlete's Name: _____ Home Phone#: _____

Parent/Guardian Name: _____ Parent Cell Phone #: _____

Parent Email Address: _____ Address: _____
(This is the most effective line of communication. Please provide a frequently checked e-mail address)

Town & Zip: _____

Wrestler's email address: _____ Wrestler's Cell Phone #: _____

Emergency contact: _____
Parent Cell Phone # or Name and Phone Number

Athlete Information

Date of birth: _____ Age: _____ Weight (Approx): _____ Height (Approx): _____
School: _____ Grade: _____ Years of Wrestling Experience: _____

I, the Parent/Guardian of the above named wrestler, give my approval to his participation in the wrestling program sponsored by the Mo-Town Grapplers Club. I agree to assume all risks and hazards incident to such participation and for any accidents which may occur while my child is being transported to/from any sponsored events by any agents of the organization. I recognize that the sport of wrestling has inherent risk and injury may occur from time to time. I hereby release the Mo-Town Grapplers Club, its agents, employees, appointed officials, volunteers from all claims or actions for losses, damages or personal injuries to my child, which may occur or arise out of his/her participation.

Parent/ Guardian Signature: _____ **Date:** _____

Please list any medical condition that may affect your child's participation:

The operation of this organization depends upon Adult Volunteers

Please (X) the areas in which you are willing to help during the season (please select at least two):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Team parent | <input type="checkbox"/> Scoreboard Worker | <input type="checkbox"/> Asst Coach |
| <input type="checkbox"/> Gym Set Up | <input type="checkbox"/> Tournament Volunteer | <input type="checkbox"/> Concession Donations |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Concession Worker | <input type="checkbox"/> Board or Committee Member |

Name: _____ Phone: _____

Email: _____

*** Private information will not be sold or shared with other companies or organizations.***

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