

Colo-NESCO Youth Recreation Wrestling Sign-Up
Sponsored by Colo Recreation Department
For children 5 years of age to 6th Grade
Registration Deadline 11/02/09

Name _____ Age _____ Current Grade _____

Parent's Name _____ Phone (H) _____ (C) _____ (W) _____

Address _____ Email Address _____

Doctor Name, Address and Phone Number _____

Please Note Any Medical Conditions _____

Emergency Contact Name & Phone _____

This program is available to all children 5 years of age to 6th grade who live in Colo, McCallsburg and Zearing.

Practices will be held at the Colo-NESCO Middle School in Zearing. The first week of practice will be November 16th. Children 5 years of age will practice on Mondays and children 6 years of age to 6th grade will practice on Tuesdays and Thursdays. Practices will be from 6:00 PM to 7:30 PM.

There will be a parents meeting at the beginning of the first practice of the season of both age groups. The registration fee is \$30.

Coaches are Rick Halverson and Dale Packard. Questions may be directed to Rick at 515-290-1764. Send completed form and fees to: Colo Recreation Department, P.O. Box 171, Colo, IA 50056.

PLEASE READ CAREFULLY AND SIGN:

_____ has my permission to participate in the Colo Recreation Board sports program.

I certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child.

In the event of an injury to my child, I hereby give the Colo Recreation Board permission to arrange transportation for my child to a medical facility, and/or to provide my child with emergency treatment or first aid. I understand that the Colo Recreation Board does not assume any responsibility to take any of these actions. I give permission for my child to be treated by a licensed physician and for the said physician to administer whatever care is necessary, including anesthesia for their safety and care. The child's family will be responsible for all of the associated medical expenses. I waive and release any right and claims I may have against the Colo Recreation Board, and all members of the Colo Recreation Board sports programs for any and all damages which may be suffered by my child in connection with his/her association with the program.

I accept responsibility for returning any and all equipment used by my child to the Colo Recreation Board or agree to replace it. As my child is a participant of the Colo Recreation Program it makes me a non-voting member of the Colo Recreation Department and as such I may be asked to volunteer for certain duties including but not limited to fundraising, coach or field preparation.

SIGNATURE OF PARENT _____ **DATE** _____