

# Lancaster Parks & Recreation Department 2010 Youth Wrestling Program

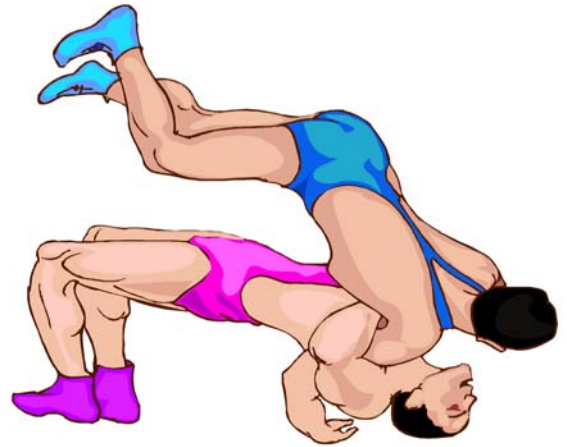
Date: January 25 - March 18  
Mondays & Thursdays  
(no wrestling Feb. 15 & 18 & March 11)

Ages: Kindergarten - 8<sup>th</sup> grade

Time: 6:00 p.m. - 9:00 p.m.

Place: Lancaster High School Cafeteria  
1 Forton Drive

Fee: \$10 residents, \$20 non-residents



**\*\*\*\* PLEASE NOTE \*\*\*\***

***Absolutely No Registration at the Site!!!!***

Shorts or sweat pants, shirts & sneakers must be worn

Instructor: Ron Giza & Karl Schurkus

**Please mail or drop off your registration form and fee by Friday, January 22, 2010  
(checks payable to *Town of Lancaster*)  
Lancaster Parks & Recreation Department  
525 Pavement Road, Lancaster, NY 14086**

For more information, call the Parks & Recreation office at 684-3320

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

### Waiver in Case of Injury

As the parent/guardian of the above participant, I hereby volunteer to relinquish any right to claim against the Town of Lancaster, the Lancaster Parks & Recreation Department, or its elected officials or employees, any damages to property or personal injury that may be incurred or suffered during participation in scheduled games or in practice, unless damage to property or person shall be incurred or suffered through negligence of the Town of Lancaster or the Lancaster Parks & Recreation Department and its elected officials or appointees.

I, the parent/guardian of the above mentioned player, give my permission for my son/daughter to participate in the above mentioned activity and fully understand the stipulations of the contract.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_