

CITY OF

SEWARD

Youth Wrestling – Pre-K (must be 4) – 6th Grade

Monday Evenings – 6:00pm – 7:00pm

FEE: \$20.00 (please make checks payable to The City of Seward)

- * **Mail:** registrations to P.O. Box 38 / Seward, Nebraska
- * **Drop off:** 142 North 7th Street / Seward, Nebraska
 - o *(If after business hours, please put in drop box located in front of the building)*
- **Deadline for registering: November 17th**
- **Program Start Date: November 23rd (Monday evening)**
- **Program End Date: December 14th**
- **Location: Seward High School Wrestling Room**
- **Time: 6:00pm – 7:00pm**
- **Program Details:**
 - o **This recreational program is designed to introduce participants to wrestling and the proper techniques. No experience is required for this program that will be held on Monday evenings.**

NAME _____ Grade _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL (print clearly) _____

PHONE _____

I (we) release the City of Seward Parks and Recreation Department and all of its coaches from all claims on account of any injuries which may be sustained by my child while participating in any city sponsored activity. If medical attention is required for injury or illness, I give my permission for such medical care. I give the Parks/Recreation Dept. my consent to take and use photographs of my child during these recreational activities.

Signature _____ Date: _____