

# HACKENSACK JUNIOR WRESTLING

“Celebrating Our 39th Season”

Open to children ages 7-14 (Age as of 1/1/2014)  
(Grades 2-8)

**REGISTER EARLY! REGISTRATION WILL BE LIMITED!**

**All New Wrestlers MUST register on the Registration Date, at the time specified!  
NO REGISTRATION FORMS WILL BE ACCEPTED BY THE HACKENSACK RECREATION DEPARTMENT! NO EXCEPTIONS!**

**Registration Date: Tuesday October 8,  
(& Tuesday October 15, 2012, ONLY if Registration limit has not been reached)  
6:30 pm to 7:30 pm**

**At the  
Hackensack Recreation Department's  
M & M Building  
116 Holt Street  
Hackensack, NJ**

**NO LATE REGISTRATIONS WILL BE ACCEPTED!**

**\$50.00 Registration Fee**

**Payable to: Hackensack Junior Wrestling**

**1<sup>st</sup> Year Wrestlers Only: A copy of your child's birth certificate will be collected  
(not returned) at registration and must accompany this form.**

For program information, email questions or a contact phone number to:

[Hackensack@tcjwl.com](mailto:Hackensack@tcjwl.com)

**First Practice of the season on Tuesday December 3, 2013 at 6 pm at the  
Hackensack High School Wrestling Gym.**

General Schedule:

Practices are every Tuesday & Thursday evening, 6:30pm – 8pm at the Hackensack High School Wrestling Gym, December 3, 2013 thru March 4, 2014. Matches are held on Saturday mornings in January & February.

**Remember: School comes first! In order to wrestle you must maintain a passing average!**

# HACKENSACK JUNIOR WRESTLING (2014)

Name \_\_\_\_\_ Age as of 1/1/2014 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

(You **MUST** provide a valid email address. All information for this program is received through email correspondence.)

School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact and Telephone # \_\_\_\_\_

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Does your child use medication on a daily basis? If so, for what reason? \_\_\_\_\_

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## Parent Agreement

My child has permission to participate in the Hackensack Junior Wrestling Program. I do not expect Hackensack Junior Wrestling and / or its' coaches to assume any liability on his / her account. I will be responsible for providing transportation for my child to attend practices and or matches. I will be responsible for any equipment loaned to my child. As a parent, I realize the Hackensack Recreation Department has limited medical insurance coverage. In the event of an injury, I understand that my own hospitalization must be utilized first. My child is physically sound to participate in the Hackensack Junior Wrestling program.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Approximate Weight \_\_\_\_\_ lbs.

Please indicate wrestler's size below: (Circle one for each item)

**Sweatshirt & T-shirt – Size:**

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large

**Sweat Pants & Shorts – Size:**

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large