



COEUR D'ALENE RECREATION DEPARTMENT  
K - 6<sup>th</sup> Grade  
2019  
YOUTH WRESTLING CLINIC  
Co-sponsored with North Idaho College wrestling program

NAME \_\_\_\_\_ BEST PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

SHIRT SIZE: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

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I hereby agree and contract that I will abide by the rules of the Coeur d'Alene Recreation Department, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with this activity, I hereby release, discharge, and/or otherwise indemnify the Coeur d'Alene Recreation Department, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on my behalf as a result of my participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Dr. of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

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Fee: \$35. Late Fee: \$5. If registering after December 24.

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CUT

**Session dates:**

Mon. Jan.7 5:15 - 6:15 PM  
gymnasium)

Wed. Jan.9 5:15 - 6:15 PM

Mon. Jan.14 5:15 - 6:15 PM

Wed. Jan.16 5:15 - 6:15 PM

Mon. Jan.21 5:15 - 6:15 PM

**Location:** NIC wrestling room  
(above the foyer in Christiansen

\*TOURNAMENT

Wed. January 23 5:15 – PM