



COEUR D'ALENE RECREATION DEPARTMENT
K - 6th Grade
2016 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 _____

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 _____

Fee: \$30. Late Fee: \$5. If registering after December 30.

CUT

Session dates:

Wed. Jan 6 5:15 - 6:15 PM
Mon. Jan.11 5:15 - 6:15 PM
Wed. Jan.13 5:15 - 6:15 PM
Mon. Jan.18 5:15 - 6:15 PM
Wed. Jan.20 5:15 - 6:15 PM

Location: NIC wrestling room
(above the foyer in Christiansen
gymnasium)

***TOURNAMENT**

Mon. January 25 5:15 - PM