



# Riverton 3-Style Wrestling Club

Please pre-register at Riverton Parks and Recreation 12830 S 1700 W, Phone: (801) 208-3101  
Office Hours: M-F 8-5 pm, \*make checks payable to RIVERTON CITY

**NEXT YEAR STARTS NOW! PREPARE WITH THE BEST!**  
**FREESTYLE NATIONALS, GRECO NATIONALS, FARGO CHAMPIONSHIPS**

**\*3 NIGHTS OF PRACTICE, PREMIER COACHING STAFF,  
TOURNAMENT TRAVEL TEAM, FOLKSTYLE/FREESTYLE/GRECO**

**Club Dates:** February 15 thru mid-April

**Cost:** \$100 (includes practice shirt + team shirt)

*\*Please note: wrestlers must purchase a USA Wrestling Membership, you must purchase this at www.themat.com before you will be allowed to participate in any wrestling meets.*

**Ages:** 3rd -12th Grades *\*must have prior wrestling experience*

**Practice Days & Times:** Mondays, Tuesdays & Thursdays, 6:30-8:30 pm

**Meet Dates:** TBA

**Location:** RHS Wrestling Room (12476 S 2700 W)

3-Style Wrestling 16-1607

T-Shirt Size, please circle: YS YM YL AS AM AL AXL AXXL

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Please read and sign **MEDICAL CONSENT & RELEASE OF LIABILITY** to complete registration.

As a participant or parent/guardian of the participant, I hereby consent that I/he/she may participate in Riverton Parks and Recreation Programs and I hereby state that the information contained herein is true and complete.

- RELEASE, INDEMNITY, TRANSPORTATION.** Recognizing the possibility of physical injury associated with participation in Riverton Parks and Recreation Programs, I hereby release and agree to hold harmless and indemnify Riverton City, associated organizations and personnel from and against any claims by or on behalf of the participant for any damage against any claim by or on behalf of the participant for any damage or injury he/she or I may suffer including legal fees, as a result of his/her or my participation in the program, including transportation to and from activities.
- EMERGENCY MEDICAL CARE.** I hereby give my consent for emergency medical treatment by Riverton City, its employees, agents or health care provider(s) designated by them, in accordance with their best judgment.
- INSURANCE.** I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).
- REFUND POLICY.** 1) \$10 of each registration fee is non-refundable to cover city administrative costs. Exception: in the case of a program cancellation participants will receive a full refund. 2) All participants requesting a refund must submit a written refund request to the Program Coordinator explaining why they are withdrawing from the program, participant's name, program name as well as name and address of person receiving the refund. In order to receive a refund the request must be received before the first class, lesson or game. If request is not received before the first class, lesson or game, no refund will be given. However, medical conditions or other special circumstances will be handled on an individual basis. 3) Refunds will not be given nor will fees be prorated based on missed classes, lessons or for missed, forfeited or games cancelled due to weather.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_