



Riverton Parks and Recreation - 2011

# Jr. High Program

Please pre-register at Riverton Parks and Recreation 12830 S 1700 W, Phone: (801) 208-3101  
Office Hours: M.-TH., 8 am-6 pm, F 8-5 pm, \*make checks payable to RIVERTON CITY

*Experienced coaches, tournaments, beginner and intermediate age & weight divisions.*

**Dates:** November 7, 2011 - January 30, 2012

**Cost:** \$175 (includes use of singlet, practice, USA Wrestling Card & 7 Tournaments)

**Ages:** 5th-8th grades (4th graders with prior experience are welcome to participate.)

**Practice Days:** Mondays, Wednesdays & Fridays

**Practice Times:** 6:00-8:00 pm

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

**Tournaments:** TBA



*For more information, contact  
Dwayne Henry, [dwayne\\_henry@silverwolveswrestling.com](mailto:dwayne_henry@silverwolveswrestling.com)*

**2011 Riverton Jr. High Wrestling**

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

Parent/Guardian Name \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

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

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 a 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** \_\_\_\_\_