BOUND BROOK RECREATION
MIDGET WRESTLING

Subject: **FREE Youth Wrestling Program**

Open To: **Bound Brook / South Bound Brook Youths**
Grades 3rd to 6th

Practices: **3 Practices/week; starting Tuesdays at 7:00pm**
BBHS Wrestling Room. Practices End Sharply at 8:15pm

Matches: **11 matches- one each Saturday**
"Wrestle for Fun" League Championship Tournament

Questions : **Contact Coach Frank Northup@ 732-356-3543**

I give my child permission to participate in the Bound Brook Recreation Midget Wrestling Program. I understand that Bound Brook Recreation and/or it's coaches are Not Liable for any injury and that my child is covered under my personal insurance policy.

_____ _____
NAME ADDRESS

_____ _____
TOWN PHONE #

_____ ___ _____ _____
AGE GRADE PARENTAL SIGNATURE

E-mail _____

Please provide details of any disabilities or health problems to the coach.
Want to Help? Please leave your name and phone number.

RECREACION de BOUND BROOK
MIDGET WRESTLING

Sujeto: **GRATIS Programa de Lucha Libre para Jovenes**

Abierto a: **Jovenes de Bound Brook/South Bound Brook de grado de 3 a 6**

Practicas: **3 Practicas/semana;empezando, a las 7:00pm. BBHS Cuarto de Lucha Libre. Practicas termina a las 8:15pm en punto.**

Encuentros: **11 encuentros-uno cada semana empezando Liga "Wrestle for Fun" Torneo Campeonato**

Preguntas: **Llama al entrenador Frank Northup @ 732-356-3543**

Yo le permiso a mi hijo para participar en el Programa Midget Wrestling de Recreacion Bound Brook. Entiendo que ni Recreacion Bound Brook ni Entrenadores son responsables de ningun dano y que mi hijo esta cubierto bajo mi seguro personal.

_____ _____
Nombre Direccion

_____ _____
Ciudad Numero de Telefono

_____ _____ _____
Edad Grado Firma de Padre

E-mail _____
Por favor provea detalles de cualquier deshabilidades o problemas de salud al Entrenado