

Village of Nyack Fall 2019 Wrestling Program

****Please submit separate Registration Forms for each participant****
PRINT CLEARLY

Participant Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Grade _____ DOB _____

Parent/Guardian Name _____

Emergency Contact and Phone _____

Shirt Size (circle One) Youth: s m l Adult: s m

MEDICAL RELEASE FORM – MINOR

I consent to the participation of my child in the Village of Nyack Recreation Department Activities. I understand that the activities in which my child may participate will include, but at not limited to wrestling.

I certify that to the best of my knowledge, and subject to the limitations listed below, my child is physically capable of participating in the activities described above and has the basic skills necessary to participate in the activities so that his/her participation will not pose any undue risk to his/her health or the health and safety of others.

I certify that my child has the following health conditions which may limit or prevent his/her participation in the activities described above: _____.

In the event that all reasonable attempts have been made to contact me or the emergency contact at the phone numbers I have provided above have been unsuccessful, I give my consent to the administration of my child of any medical treatment deemed necessary by a licensed health professional and the transfer of my child to any hospital reasonably accessible. I understand and agree that the Village of Nyack does not assume responsibility for any damage which might arise out of or in connection with such authorized emergency medical treatment.

I certify that I will immediately inform the Village of Nyack Recreation Department if there is any change in the information provided above. I understand that this consent is valid unless revoked by me.

To the fullest extent permitted by law, I hereby agree to indemnify, release and hold harmless the Village of Nyack, its trustees, officers, employees, agents and servants from any and all loss, liability, claims, demands, actions, and causes of actions whatsoever arising out of any loss, damage or injury that may occur as a result of the referenced facility use requested herein.

Participant's Name _____ Date _____

Signature of Parent/Guardian _____

- 20% off for additional multi-sibling discount
- Amount enclosed \$ _____
- Please consider me for a scholarship

Send Registration Form, Medical Release Form and Payment to:
Nyack Village Hall, 9 North Broadway, Nyack NY 10960
Attn. Recreation Department
Makes checks payable to: **Village of Nyack**

RESIDENT VS NON-RESIDENT RATE: If you live in Village of Nyack proper, the Resident rate applies. If you live in Upper Nyack, South Nyack, Central Nyack, West Nyack or any other town or village, the Non-Resident rate applies for this program.
Must show proof of Village of Nyack residency by attaching a copy of a utility bill for participant's address