

Hasbrouck Height Recreation Department
320 Boulevard
Hasbrouck Heights, NJ 07604
Phone 201-288-4143 Fax 201-288-4356
Email hhrec@aol.com
Robert Brady, Director

2019 WRESTLASTICS REGISTRATION

***Registration will be held Tuesday 11/27/18 7pm-9pm in
Rec. Office***

The Recreation Department's Wrestling Program is excited to announce a program that will produce great future athletes in the sport of wrestling. *The program is available to 5 & 6 year old K & 1st grade children, and practices will be held once a week for about 75 minutes at Franklin Fitness Center. This program will teach fundamental wrestling movements, and will be coached by Andrew Nass, the Head Wrestling Coach for the HH Recreation Wrestling Team.* The children will be taught the fundamentals and techniques of wrestling. The program consists of weekly practices, and each member will receive a wrestlastics T-shirt. This is a fundamental of movement program that will include, tumbling, footwork, stand-ups and basic athletic movements that will develop overall awareness and balance needed in all sports. This is a great program for your child to start off with! The program will begin in Mid-December and run through February, all your child will need to bring is a water bottle and be dressed in workout clothes and sneakers.

Please note that if you miss registration for any reason, you may still be able to register but a late charge of \$15 will be added to the registration fee. All wrestlastic members must be permanent residents of Hasbrouck Heights, which means they must live in Hasbrouck Heights all year round.

If you need any further information please contact the Recreation Department at 288-4143

**REGISTRATION FORM IS ON OTHER SIDE OF THIS PAPER. IT MUST BE COMPLETELY FILLED OUT AND SIGNED.

H.H. REC. DEPT. IS NOT AFFILIATED WITH THE H.H. BD. OF ED.

NOW YOU CAN FOLLOW HH REC ON FACEBOOK AND TWITTER!!!

2019 Wrestlastics Registration Form

Circle your shirt size: circle one

Youth: medium large
Adult: small medium large x-large

NAME _____

ADDRESS _____ PHONE _____

DATE OF BIRTH ____/____/____ AGE ____ GRADE ____ BOY/GIRL
Month day year

Parent' Names: _____

Email Address: _____ Cell # _____

COST: \$45.00 REGISTRATION FEE- Due at Registration, Make Checks Payable to HH Rec.

Fee includes: WEEKLY PRACTICES & TEAM SHIRT

I hereby give my child permission to participate in the Recreation Department's Wrestling Program. I hereby certify and affirm that my child is a permanent resident of Hasbrouck Heights, lives in Hasbrouck Heights year-round. I also certify and affirm that the above information is true and correct and I realize that any falsification is punishable by law NJS 2c: 28-3. I also understand that my child is covered by a limited insurance policy with a deductible. As a wrestling parent I agree to abide by all rules and regulations set forth by the Recreation Department or their coaches. I also understand that practices are only open to wrestlers and coaches. I agree to support my child in a positive way that promotes good sportsmanship, I will teach my child to respect the coach and support his teammates in a positive way.

Parent's Signature: _____

**INFORMATION ON WRESTLING PROGRAM IS ON THE OTHER SIDE OF THIS PAPER.

_____ OFFICE USE ONLY _____

Received by _____ date _____ amount _____ cash _____ check # _____