

Huntington School District

Wrestling Intramurals

Huntington UFSD Students in Grades 4-6

Registration Form

Student Name _____ Grade _____ School _____

Address _____
Street Town Zip Code

Parent/Guardian Names _____

Parent/Guardian Cell Phone Numbers _____

Parent/Guardian E-Mail Address _____

T-Shirt size _____

Cost: Program is free.

Dates: Tuesday and Thursday nights
February 11, 13, 25, 27
March 3, 5, 10, 12

Location: Huntington High School Wrestling Room

Time: 7:00-8:00 p.m.

Registration: Tuesday, February 11 at 6:45 p.m.

(Sixth graders participating in the trip to Greenkill can register for the program on the first night they are able to attend.)

Participants can choose to use the program to prepare to compete in the St. Patrick's Youth Wrestling Festival at Walt Whitman High School on Saturday, March 14.

PARENT/GUARDIAN PERMISSION:

I, _____, (parent/guardian) hereby authorize and approve my child _____, (child's first and last name) to participate in the wrestling intramural program organized by Huntington UFSD. I know of no physical or mental disabilities or illnesses which would interfere with or prevent his/her participation in this activity and I give permission for his/her full participation.

WAIVER AND LIABILITY RELEASE:

The undersigned hereby assumes all risks in the performance of _____ (sport and organization) and undertakes complete responsibility for all acts undertaken by the undersigned in connection with the event located at the Huntington High School wrestling room during the period of _____ (start/end dates). THE UNDERSIGNED FURTHER AGREES TO SAVE HARMLESS THE HUNTINGTON UNION FREE SCHOOL DISTRICT, ITS OFFICERS, AGENTS, SERVANTS, EMPLOYEES AND ENUMERATED VOLUNTEERS, FROM ANY AND ALL LIABILITY FOR ANY PERSONAL INJURIES OR PROPERTY DAMAGES SUFFERED. THE UNDERSIGNED FURTHER AGREES TO HOLD THE HUNTINGTON UNION FREE SCHOOL DISTRICT HARMLESS FROM ANY CLAIMS MADE BY ANY PERSON FOR ANY LOSS OR DAMAGE OR INJURY RESULTING FROM OR ARISING OUT OF ANY ACTS OR OMISSIONS OF THE UNDERSIGNED OR ANY OTHER PERSONS ACTING ON BEHALF OF THE UNDERSIGNED, WITH REGARDS TO OR IN CONNECTION WITH THE EVENT.

I understand that my son/daughter is participating at his own risk.

STUDENT'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Parent or Guardian Name: _____

Address: _____ **Town:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____