



PARKS & RECREATION

Rocky Mount Parks and Recreation Dept. 2017 Wrestling Club

Participant's Name _____ Age _____ Birth Date _____
(month, day, year)

Mailing Address _____ City _____ Zip Code _____

Home Phone _____ Mother's Name _____ Mother's Cell # _____

Email _____ Father's Name _____ Father's Cell # _____

Special Needs:(optional) _____

Registration Information

Ages 8-18

Practices held on Monday, Wednesday and Thursday
6-8 PM

Location

RM Wilson Athletic Center
311 Hill Street, Rocky Mount

Cost

_____ \$32 City Resident Fee

_____ \$48 Non-city Resident Fee

Fee due with registration form and must be made payable to the CITY OF ROCKY MOUNT

- A membership in USA wrestling is required
- USA Wrestling membership comes with insurance to cover wrestlers in practice and tournaments
- Memberships can be obtained at www.themat.com for \$35 annual membership
- \$10 Monthly Club Fee (Coach will collect this fee to cover tournament expenses and travel cost)

Styles

Folkstyle, Freestyle, and Greco Roman



Coaches

Ryan Hepler, Stephen Kinard, George Bancroft and David Jacobs

The club will periodically have past and present college wrestlers, past high school wrestlers, past and present high school and middle school coaches, and Rocky Mount Police Officers come in and train with the kids.

Past and Present Member Accomplishments

USA Olympic Training Center, National Champions, All Americans, State Champions, NC National Dual Team, 8 club members qualified for NCHSAA State Wrestling Tournament.

Contact Information

Rocky Mount Parks and Recreation Athletics Division
252-972-1160
Ryan Hepler 252-955-0707

Informational Meeting Thursday, March 2 @ 6pm

All interested should attend the meeting at RM Wilson Gym, 311 Hill Street, Rocky Mount. Please try to have your USA Wrestling Membership prior to the meeting; but, this is not mandatory.

Total amount paid \$ _____

NO OUT-OF-STATE CHECKS ACCEPTED

Payment Options: **Check / Money Order / Credit**

Check # _____ Card Expiration _____ Code _____

Card # _____

Signature _____

(For Credit Card Payment ONLY)

Receipt # _____

NO CASH ACCEPTED!

Please mail entry fee and form to:

Rocky Mount Parks & Recreation
Lynn Driver, Athletics Supervisor
PO Box 1180
Rocky Mount, NC 27802-1180

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color or religion.

REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

REGISTRATION REQUIREMENT

*A copy of Birth Certificate **MUST** accompany entry form for first time participants.*

CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the 2017 Wrestling Program (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 972-1151.

Signature of Parent/Guardian (SEAL)

Print Name

Date: