

**2009/2010 WINTER WRESTLING
PARTICIPANTS REGISTRATION CHECKLIST**

- ___ Wrestling Registration Form – completed and signed
- ___ Medical Information Form – completed and signed
- ___ Wrestler’s Code of Conduct Agreement – completed and signed
- ___ Parents’ Code of Conduct Agreement – completed and signed
- ___ Copy of Participant’s Birth Certificate
- ___ Immunization Record (**Not required** if participant attends a Jackson Public School)

**PLEASE NOTE: REGISTRATION WILL NOT BE COMPLETED IF ANY OF THE
ABOVE ITEMS ARE MISSING OR INCOMPLETE.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE RECREATION
DEPARTMENT AT (732) 928 – 1200 Ext. 255**

**TOWNSHIP OF JACKSON – DEPARTMENT OF RECREATION AND SENIOR SERVICES
2009/2010 WINTER WRESTLING REGISTRATION FORM**

The following information must accompany registration form for an application to be processed: (1) completed and signed medical information form, (2) completed and signed parent's code of conduct form, (3) completed and signed participant's code of conduct form and (4) copy of participant's birth certificate.

PLEASE PRINT ALL INFORMATION CLEARLY

Participant Last Name _____ First Name _____

Street Address _____ Town & Zip Jackson, NJ 08527

Participant DOB _____ Grade _____

Previous participation in the Jackson Recreation Wrestling Program? (Please indicate years) _____

Parent or Legal Guardian Contact Information

Father's Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Guardian's Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Email Address _____

I understand that the above named individual will be participating at his/her own risk. I agree to hold harmless the Township of Jackson, Recreation Department and the Jackson Board of Education or authorized agents from any injury he/she may sustain while participating. I also acknowledge that as a participant in this recreational program he/she may be photographed and that Jackson Township reserves the right to utilize all photos and videos taken.

Signature of Parent or Guardian _____ Date _____

Office Use Only

Amount Received: \$ _____ Check #: _____ Cash: _____ Received by: _____

**TOWNSHIP OF JACKSON – DEPARTMENT OF RECREATION AND SENIOR SERVICES
2009/2010 PARTICIPANT MEDICAL INFORMATION FORM**
(Parents or Guardians may complete this form. A doctor's visit is not required.)

If the participant does not attend a Jackson Public School, an immunization record is required.

PLEASE PRINT ALL INFORMATION CLEARLY

Participant Last Name _____ First Name _____

Parent or Legal Guardian Contact Information – In case of emergency, please notify:

Name _____ Emergency Contact # _____

Name _____ Emergency Contact # _____

Additional Contact Person (in the event a Parent or Legal Guardian cannot be reached):

Name _____ Emergency Contact # _____

Doctor's Name _____ Doctor's Phone # _____

Restrictions (if any): _____

HISTORY OF PAST OR PRESENT ILLNESS / DISEASE

	YES	NO	YEAR		YES	NO	YEAR
SERIOUS ILLNESS*				HEART			
SERIOUS INJURY*				STOMACH / BOWEL			
DEFORMITY				APPENDIX			
SURGERY				KIDNEY / BLADDER			
SKIN/GLANDS				INFECTION			
EARS				HERNIA			
EYES				BACK OR NECK			
NOSE / SINUS				LIMBS OR JOINTS			
TEETH				CHEST / LUNGS			
THROAT / TONSILS				CONCUSSION			

ALLERGIES (SPECIFY) _____
 OTHER (SPECIFY) _____
 BEHAVIORAL DISORDER (SPECIFY) _____

MEDICATION(S) BEING TAKEN: _____

AUTHORIZATION
 To the best of my knowledge, the medical history above is complete and accurate. I know of no reason to restrict participant's activity and give my permission for his/her participation in all activities except as noted in "Restrictions" above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the wrestling supervisor or coach to secure proper treatment, including potential hospitalization, for the above named participant.

Signature of Parent or Guardian _____ Date _____

**TOWNSHIP OF JACKSON – DEPARTMENT OF RECREATION AND SENIOR SERVICES
2009/2010 WINTER WRESTLING PARTICIPANTS CODE OF CONDUCT AGREEMENT**

I UNDERSTAND AND AGREE TO THE FOLLOWING:

As a Participant of a Jackson Recreation Department Youth Wrestling Program:

1. I will participate for fun and personal development, not just to please family or coaches.
2. I will work to improve my skills and I will always put forth my best effort.
3. I will be a “team player”, communicating, cooperating and getting along with other program participants, coaches, opponents and officials.
4. I will learn and practice sportsmanship and discipline.
5. I will respect my coaches, opponents, fellow program participants and parents. I will treat them as I would like to be treated.
6. I will learn the rules and follow them at all times.
7. I will not argue or complain about an official’s or coach’s decision. Verbal abuse of officials or opposing coaches will not be tolerated.
8. I will control my temper and resist the temptation to retaliate even if I believe I have been wronged. I will not engage in any fighting. Poor sportsmanship will not be tolerated.
9. I will be at practice, ready to go, at least 5-10 minutes prior to the start of practice. Although attendance at ALL practices is not mandatory, I understand that it is beneficial to attend as many practices as possible.
10. I will be prepared and properly equipped for practice. Wrestlers are expected to wear shorts/sweats, tee shirt/sweat shirt and wrestling shoes at every practice. Jewelry, watches, belts and cut-off shorts are prohibited.
11. I will pay attention at all times.
12. I will not fool around or engage in any type of non-supervised wrestling activity that may cause injury to another wrestler before, after or during practice or matches.

Participant’s Name (Printed) _____

Participant’s Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

**TOWNSHIP OF JACKSON – DEPARTMENT OF RECREATION AND SENIOR SERVICES
2009/2010 WINTER WRESTLING**

The following is the Jackson Township Recreation Department's Code of Conduct that needs to be signed and submitted at registration. This code of conduct is for the well-being and safety of all program participants. Please read it carefully and sign, acknowledging your understanding and agreement with the guidelines. Please contact the Recreation Department at (732) 928-1200 ext. 255 if you have any questions.

PARENTS' CODE OF CONDUCT AGREEMENT

I HEREBY ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. I will help make this experience fun, remembering that children are involved in organized sports for their personal development and enjoyment.
2. I will not force my child to participate in sports against his/her will but rather support his/her desire to play the chosen sport.
3. I will become familiar with the rules and support all officials involved.
4. I will encourage my child to play by the rules and understand that children learn by example.
5. I will teach my child that hard work and honest effort are more important than victory.
6. I will applaud the efforts of all participants and will not make any derogatory statements to other participants, opponents or coaches regarding anyone's efforts.
7. I will promote sportsmanship, show respect and exhibit a positive attitude towards the sport and all participants.
8. I will never ridicule, yell at, or physically or verbally abuse any of the participants for making mistakes.
9. I will emphasize skill development and personal improvement and the need for practice in achieving both.
10. I will applaud all good efforts, in victory or defeat.
11. I will remember that coaches are volunteers who are important to the development of my child and the sport. I will communicate with them and support them.
12. I will respect officials' decisions and will not publicly question their judgment or honesty.
13. I will be on time when dropping off and picking up my child from practices and/or competitions.
14. I will observe my child's participation in the sport when it is allowed, from an appropriate location that will in no way distract the participants, coaches or officials.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____