

BERNARDSVILLE RECREATION 2018-2019 WRESTLING

Bernardsville Recreation will be holding registration for Wrestling (with the Raritan Valley Wrestling League) for all age groups on Tuesday, October 23rd and Thursday, October 24th, Bedwell School Cafeteria from 6:00-8:00 pm. This season's coaches will be available to answer any questions. Youth Wrestling Programs: Grades 5th-8th Youth Wrestling, Youth practices will be Monday and Wednesdays (6:00 pm–8:00pm), Midget Program: Grades 2nd-6th Midget practices will be Tuesdays and Thursdays (6:00 pm-8:00pm) and Novice Program: Grades K-2nd, Novice will meet Friday nights (6:00 pm-7:30 pm). **Volunteer coaches are also needed and all coaches must be Rutgers certified.** This group will compete in the Raritan Valley Youth Wrestling League and compete in dual meets and an End of Season tournament.

Novice Program: What are we all about? Our goal is to introduce the youth of the Bernardsville area to the sport of wrestling and instill in them a life-long love of the sport. We aim to build on, and add to the fine tradition of Bernardsville wrestling, and graduate our wrestlers to the Middle School program well prepared in the fundamentals of one of the most challenging and rewarding sports in the world. In general we consider novices to be K-2nd graders. Each practice starts with calisthenics, stretching and fitness drills. Physical fitness is important to wrestling, and at higher levels the fitness regimen can be very hard. At the elementary level however, we strive to keep the fitness activities fun and count on the wrestling drills to do most of the conditioning. We will never “pound” our wrestlers into shape. Most of the practice time is spent learning and drilling various wrestling techniques and learning the fundamentals of the sport.

Midget Program: Grades 2nd – 5th Midget Wrestling. This is a travel team that will compete in the Raritan Valley Midget Wrestling League and compete in dual meets and tournaments. This program is designed to introduce competitive wrestling to our athletes. Participation in the Novice program is excellent preparation for this program but not required. Midget Matches are on Saturdays, beginning the Week of November 12th and runs into mid-February with a Weekend Tournament in the beginning of February. Transportation to/from matches will be the responsibility of the parents. The fee covers use of a uniform, referees and league fees.

Youth Programs: Grades 5th-8th Youth Wrestling. This group will compete in the Raritan Valley Youth Wrestling League and compete in dual meets and tournaments. This program is the next step following the Midget program, but Novice 6th, 7th and 8th Graders fit well in this group. Youth Matches are during the week beginning the week of November 12th and runs into mid-February with a weekend tournament in the beginning of February. Transportation to/from matches will be the responsibility of the parents. The fee covers use of a uniform, referees and league fees.

Questions can be directed to Ed Caldwell at edwinjaldwell@gmail.com

Fees: **Novice:** \$ 65.00 Bernardsville Residents /\$ 85.00 Non-Residents (from Nov 2018 through Feb 2019)
Midget & Youth: \$105.00 Bernardsville Residents/\$125.00 Non-Residents (from Nov 2018 through Feb 2019)

If you have any concerns regarding camp activities for your child, OR your child has any disability in accordance with ADA, please notify Recreation at 908-766-2546 within six weeks prior to the program to ensure responsible accommodations.

To register for the program, fill out the attached two sided form and mail or deliver with your check payable to “Bernardsville Recreation” 166 Mine Brook Rd., Bernardsville, NJ, 07924, or register on line at:

<https://register.communitypass.net/Bernardsville>. All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Program refunds are \$15.00 or 15% of the program fee (whichever is greater).

Please complete all fields on the attached two sided form

EMERGENCY MEDICAL INFORMATION

BERNARDSVILLE RECREATION WRESTLING

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects): _____

Physical Disorders: _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

REFUNDS: All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Program refunds are \$15.00 or 15% of the program fee (whichever is greater).

Bernardsville Recreation Wrestling

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____

Parent's Name: _____

Street: _____ Town: _____ Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Age: _____ Grade: _____

Any parent that would like to coach, please complete the following: All coaches must be Rutgers Certified:

Coach Name: _____ Phone #: _____

Email: _____

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____

ID #: _____

Participant's Signature