



**Youth Wrestling – Pre-K (must be 4) – 6<sup>th</sup> Grade**  
**Monday Evenings – 6:00pm – 7:00pm**

**FEE:** \$20.00 (please make checks payable to The City of Seward)

- \* **Mail:** registrations to P.O. Box 38 / Seward, Nebraska
- \* **Drop off:** 142 North 7<sup>th</sup> Street / Seward, Nebraska
  - o *(If after business hours, please put in drop box located in front of the building)*
- \* **Online:** <http://www.cityofsewardne.gov/parks-recreation/recreation-programs/>
  - **Deadline for registering: November 5th**
  - **Program Start Date: November 6th (Monday evenings)**
  - **Program End Date: December 4<sup>th</sup>**
    - o **Off November 20<sup>th</sup>**
  - **Location: Seward High School Wrestling Room**
  - **Time: 6:00pm – 7:00pm**
  - **Program Details:**
    - o **This recreational program is designed to introduce participants to wrestling and the proper techniques. No experience is required for this program that will be held on Monday evenings.**

NAME \_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL (print clearly) \_\_\_\_\_

PHONE \_\_\_\_\_

I (we) release the City of Seward Parks and Recreation Department and all its coaches from all claims on account of any injuries which may be sustained by my child while participating in any city sponsored activity. If medical attention is required for injury or illness, I give my permission for such medical care. I give the Parks/Recreation Dept. my consent to take and use photographs of my child during these recreational activities.

Signature \_\_\_\_\_ Date: \_\_\_\_\_