



Information or Questions?

Contact:

Eric Toal 202-2746
Mr. Tatar 494-1220 x1310
Curtis Taylor 494-2463

FEES FOR PROGRAM: Discounts are given to Gillam-Grant Community Center Members. M = MEMBER
NM= Non-Member. Family memberships are \$30 a year. Memberships are good for one year from the date of purchase. If you would like membership information, call the Center.

CONSENT CONTINUED

The player named on the reverse side of this form has permission to participate in the activities of the Gillam-Grant Youth Wrestling Program (GGCC). Although the activities of GGCC will be supervised, in general, by adults, it is agreed and understood that neither GGCC nor any individuals associated therewith will suffer any liability for injuries or damages sustained by myself or the named player arising out of such activities sponsored by GGCC; and, the undersigned shall keep, save, and hold harmless GGCC, and such individuals supervising, aiding and otherwise associated with GGCC's activities from all damages and liabilities for anything, including but not limited to personal injuries, and everything whatever, whether or not caused by fault or negligence, arising from, or out of, such players' participating in games, practices, and other activities of GGCC youth wrestling program.

Fees are due at the time of registration. A \$40.00 return check fee applies. No refunds except for those with a medical excuse prior to the start of the program. One-on-one assistance is not provided in the GGCC youth recreation programs. All registrants must be able to participate independently. GGCC reserves the right to evaluate participant's performance and behavior. GGCC reserves the right to remove players from participation in the interest of safety for all participants.

Parent or Guardian Signature (REQUIRED) _____ Date _____

CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the player named on the reverse side of this form, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent or Guardian Signature (OPTIONAL) _____ Date _____

PHYSICAL WAIVER I certify that the player named on the reverse side of this form, has had a physical examination in the last 12 months and is physically fit to compete in all activities related to this program.

Parent or Guardian Signature (REQUIRED) _____ Date _____

**GILLAM-GRANT COMMUNITY CENTER
6966 WEST BERGEN RD. BERGEN, NY 14416 (585) 494-1621**