





# Information or Questions?

**Contact**

Eric Toal at 202-2746

Registrations must be returned to Gillam-Grant prior to the start of practice. Forms can be put in the indoor or outdoor drop box during non-business hours with the fee enclosed. If you would like to become a member, please contact us at 494-1621.

**Gillam-Grant will be closed beginning December 23rd and re-open Jan. 3rd. Please USE the outdoor drop box or mail registrations to 6966 West Bergen Rd. Bergen NY 14416.**

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## 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. Participation in the Gillam-Grant Program is limited to the dates indicated on this application. Any wrestling activity outside of the indicated dates, times, and location of the program are NOT included in the Gillam-Grant 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) X \_\_\_\_\_ 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) X \_\_\_\_\_ Date \_\_\_\_\_

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