

Grimes Parks & Recreation Dept

Telephone: (515) 986-2143

Fax: (515) 986-2143

www.grimesiowa.gov

CITY OF GRIMES



“Beginners” Wrestling Program for 3-5 year olds

Program Description:

This program introduces the skills and rules needed to wrestle. The participants learn from the Clinic Leader skills, different moves, play games, and end with a match. **Each child must have a “coaching” parent present that is willing to go to each practice throughout the clinic.** Kids should wear t-shirt and shorts along with clean/dry tennis shoes. They can bring a water bottle too. **Singlets and headgear are optional.**

Who: Boys and Girls Ages 3-5

Where: Grimes Community Complex

Dates: Session 1: Sundays, January 6 – 27, 2013
Session 2: Sundays, February 3 – 24, 2013

Time: Ages 3-4: 3:00pm – 3:40pm
Ages 4-5: 3:45pm – 4:25pm



Instructor: Garrett Christensen and his staff

Questions: Contact Brett Barber, Parks & Rec Director at bbarber@ci.grimes.ia.us or at 515-986-2143.

Register: Register ONLINE at www.grimesiowa.gov, OR bring in registration to the Grimes Parks and Recreation Office, OR mail to Grimes Parks and Recreation 410 SE Main St. in Grimes, IA 50111.

Cost: \$30 per child per session

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2013 “Beginners Wrestling Program” Registration Form

PARTICIPANT’S NAME: _____ AGE: _____

PARENT/GUARDIAN’S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL (required): _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please Circle- Ages 3-4 OR Ages 4-5

Release and Indemnification Agreement:

I hereby request that you accept my child’s application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes