

Township of Ocean

Youth Wrestling

For youth in grades 1 - 8



Learn the fundamentals of wrestling, basic moves, rules and tournament procedures. Participants are paired by weight and experience and may be invited to participate in occasional matches.

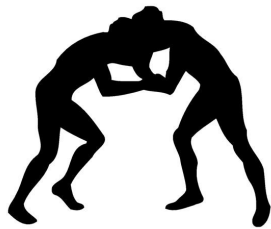
Mondays, Tuesdays and Thursdays*
Nov. 13— Feb. 15
6:00 - 7:30 p.m.

No program on 11/23, 12/25, 12/26, 12/28, 1/1 and 1/15

**All grades participate on Mondays and Thursdays.
4th-8th graders may also attend optional Tuesday practices.*

Location: Ocean Township Intermediate School
Fee: \$45 Ocean residents/\$55 non-residents
Registration: August 30 - November 1 or until filled.
Non-residents are accepted 9/13 if space is available.

Register **online**: register.communitypass.net/oceantwp
Register **in person** at the Dept. of Human Services, 601 Deal Road



If your child is registered for Recreation Basketball, please inform the Recreation Office and we will note that your child is not available for practices on Monday or Thursday evenings.

Volunteer coaches are needed.

**Please contact Kristen Weber for information:
732-531-2600 kweber@oceantwp.org**



Township of Ocean Department of Human Services
601 Deal Road, Ocean, NJ 07712
732-531-2600 oceantwp.org



In-Person or Mail-in Registration Form

1. On Wednesday, August 30, registration will begin @ 8:30 a.m. online or in person at the **DEPARTMENT of HUMAN SERVICES**. Registration for non-residents will be accepted beginning on the non-resident registration date indicated, if space is available
2. Registration takes place during dates specified in the brochure and will be accepted on a first come basis until maximum enrollment is met. Forms received prior to registration opening will be returned unprocessed. **Once maximum enrollment for program is met, registration will close.** If a minimum requirement is not met, program may be canceled.
3. Registration will be accepted on-line, through the mail or in person at the Recreation Office from 8:30 - 4:30, Mondays through Fridays. Registration **will not** be accepted on site at programs.
4. For walk-in or mail-in registrations, form must be completed and submitted with the designated fee in order to be registered for a program. Incomplete forms will be returned unprocessed. Please use one form per person per program. Staff will register walk-ins in the order in which they are received, using the online program. Registrants are expected to remain onsite until the process is completed.
5. All checks payable to: **Township of Ocean** (unless otherwise specified); Mastercard & Visa also accepted.
6. Age requirements must be met by program starting date. Copy of participant's birth certificate may be requested.
7. Program refunds will be granted only if the program is cancelled by the Recreation Office (no service charge will apply) or if the vacated spot can be filled prior to the start of the program. Request for refund must be made in writing. Refunds will not be considered following the start of a program. Granted refunds will be assessed a \$10.00 service charge. Requests for refunds received within the appropriate time frame may also be credited to the registrant's Family Account (with no processing charge held) and applied to a future activity.
8. The Township of Ocean has established a Participation Code of Conduct (copy available upon request and posted on Township website). Compliance is required for participation in activities.

Recreation Wrestling Registration Form (Recreation Office, 601 Deal Rd., Ocean, NJ 07712)

I. HOUSEHOLD INFORMATION:

PRIMARY ADULT NAME (First/Last): _____ PRIMARY ADULT DOB (mm/dd/yr): _____
MAILING ADDRESS: _____ TOWN: _____ ZIP: _____
HOME PHONE: _____ EMAIL ADDRESS: _____
CELL PHONE: _____ DAY PHONE: _____

III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): _____ **DOB:** _____ **GENDER:** M F
GRADE: _____ (grade as of Sept. 2017)
EMERGENCY CONTACT (first/last): _____ **PHONE:** _____
PARTICIPANT'S WORK PHONE (adult programming only): _____

Is participant registered for Recreation Basketball? YES NO

Individual requests (carpooling, specific team, etc.) will not be considered given the size of the programs.

YES, I WOULD LIKE TO VOLUNTEER COACH ASSISTANT EITHER

VOLUNTEER NAME: _____ **ADDRESS:** _____
HOME PHONE: _____ **DAY PHONE:** _____
CELL PHONE: _____ **EMAIL ADDRESS:** _____

Note: All volunteers are required to participate in a fingerprinting program in order to be considered for involvement in this youth activity.

1. Does this program registrant require special assistance or accommodations to enjoy this program? _____. If yes, please note the physical or developmental disability and limitations (or any other situation) and include with registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
2. Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program.
3. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township-sponsored events.
4. I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
5. The Township of Ocean has established a Participation Code of Conduct and it is understood that compliance is required for participation in Township activities. A copy is available upon request.
6. It is understood that images of the participant noted on this form may appear in footage on the Township television station, the Township website and Facebook or Twitter pages, and in photographs promoting activities sponsored through the Department of Human Services.
7. As per NJ State Law (P.L. 2006, Chapter 306), school age youth who wear corrective eyeglasses are directed to wear protective eyewear that meets established safety standards during certain activities (including but not limited to basketball, soccer, tennis, lacrosse, baseball/softball). Please consult your child's eye doctor for specific information.

IV. Participant (if over 21)/Parent/Guardian Signature: _____

Office use: Date: _____ Amount: _____ Check#/Cash: _____ FAM ID #: _____ Int. _____