



# Brown County Wrestling Club

## Brown County Parks & Recreation

Office Use Only	
Date Rec.	_____
Receipt #	_____
By: _____	Amt. _____
Cash _____	Ck # _____

**Practices: Mondays 6:30 pm – 8:00 pm February - Ongoing**  
**Practices held in the High School Gymnasium Wrestling Room**  
**Program Fee \$10.00**  
**Register at Parks & Rec. office or online at [bcparksrec.com](http://bcparksrec.com)**  
**For experienced wrestlers youth or adult**

**Program Description:** This program will be open mat time to work on skill improvement and development. Practice cancellations will follow the school for weather and there may be times when we decide to take a break, or have limited coaches available. One of the three Parks and Recreation instructors must be present to utilize the mat room. Cancellations will be communicated as far in advance as possible. For more information email instructor Edward Wojdyla at [edward.wojdyla@cummins.com](mailto:edward.wojdyla@cummins.com) or, call Parks & Rec. at 812-988-5522

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Yrs in Program:** \_\_\_\_\_

**Parent/Guardian's Name:**  
 \_\_\_\_\_

**Mailing Address:**  
 \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Brown County Parks & Recreation**  
**PO Box 299 / 1001 Deer Run Lane**  
**Nashville, IN 47448**  
**812-988-5522 [bcparksrec.com](http://bcparksrec.com)**



**LIABILITY RELEASE:** I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

**MEDICAL RELEASE:** In case of illness or accident, permission is given to take the above person to the hospital or doctor's office for whatever medical or surgical attention that may be needed.

Emergency  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Picture Release:** By signing this form, I as a participant or legal guardian representing a minor participant, agree to allow BCPR to use pictures taken at events for promotional purposes.

**Code of Ethics Release:** I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

**Physical Limitations** (allergies, hearing, sight, etc.):  
 \_\_\_\_\_

**Parent/Guardian Signature:**  
 \_\_\_\_\_