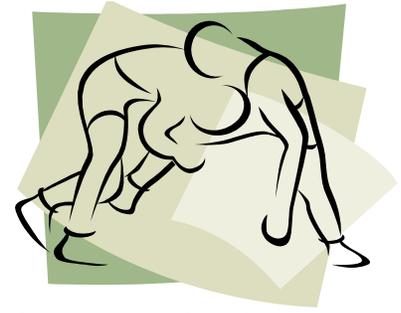




Parks and Recreation Department
1100 chatham Av Norwalk, IA 515.981.9206



Beginner Warrior Wrestling Club

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, drop box or by mail)

This program is open to any student currently in Kindergarten through 2nd grade. This program is for wrestlers with little to no experience. Throughout these practices the skills and techniques will align with the goals of developing a strong K-12 wrestling program.

This level is specifically designed to introduce your student athlete to the sport while maintaining a fun, positive, and learning environment. Parent volunteers are needed.

Dates

Registration Deadline: Oct 21
Program Days: Tuesdays
Program Dates: Nov 1, 8, 15, 22, 19 Dec 6
Program Times: 5:45 - 6:30pm
Tournament Date: Saturday, Dec 10



Information

Cost: \$40.00 residents (inside Norwalk city limits)
\$46.00 non-residents
Location: High School wrestling room
Instructor: Jim McCombs
Min/Max: 6/45

Late Fee: A late fee of \$15.00 will be assessed in addition to the regular fee for any registration taken after the Friday, Oct 21 deadline, pending there is room still available in this class.



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name: First MI Last

Birth Date: Grade: Sex:

Address:

City, State, Zip: IA

Daytime Phone #: Type:

Evening Phone #: Type:

Cell Phone #: Preference:

Email Address

Contact Information: (if under 18 years of age)

Mother Father

Daytime Evening Cell

M - Phone

F - Phone

Activity Information:

Program Beginner Warrior Wrestling Club Registration Fee \$40.00/\$46.00 Late Fee

Volunteer to Coach:

Name

Phone # Email:

Financial Assistance Donation:

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You

(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

Liability Wavier:

I give permission for my child to participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY: 440.4500

PAID _____ CK# _____ CASH _____ By: _____

Credit Card _____ Number _____ Expires _____