

# Wrestling 2011

## REGISTRATION NIGHTS

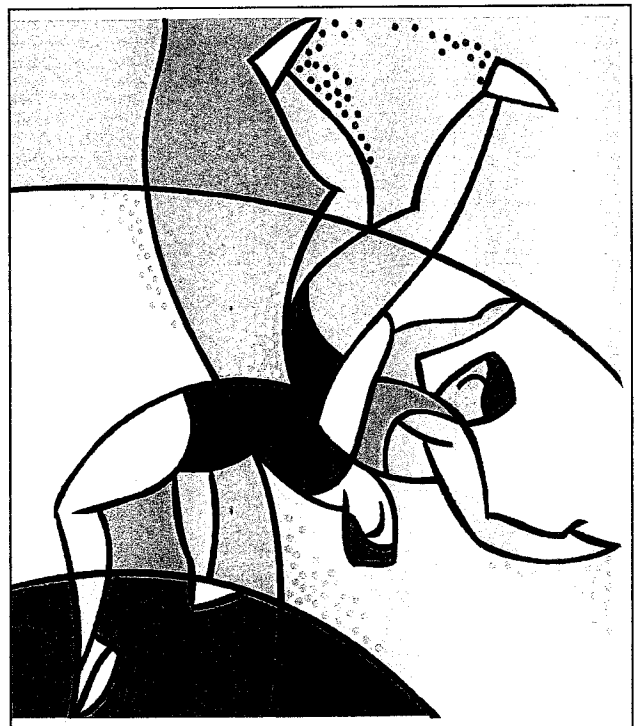
When: Monday, September 26th, Tuesday, October 11th and  
Wednesday, October 26th

Time: 7:00pm—8:30pm

Where: Monroe Community Center  
120 Monmouth Road

Who: Grades 1—8

Fees: \$90—First Child  
\$70—Second Child  
\$60—Third Child



\$30—USA Wrestling Membership Fee

\$50—Work Bond/Uniform Bond

Make checks payable to: Monroe Jr. Falcon Wrestling

OR MAIL TO MONROE REC  
120 MONMOUTH RD MONROE TWP 08831

*For More Information Call: Gary Freedman 732-251-7153  
or Monroe Township Community Center @ 732-723-5000*



**MONROE TWP. JUNIOR FALCON WRESTLING**  
**WWW.MONROEWRESTLING.COM**

**CHILD'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**YEARS WRESTLING** \_\_\_\_\_ **PANT SIZE** \_\_\_\_\_ **SHIRT SIZE** \_\_\_\_\_

**PARENTS NAME (S)** \_\_\_\_\_  
\_\_\_\_\_

**PARENTS E-MAIL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PARENTS PHONE NUMBER HOME** \_\_\_\_\_  
**WORK** \_\_\_\_\_ **WORK** \_\_\_\_\_  
**CELL** \_\_\_\_\_ **CELL** \_\_\_\_\_

**MEDICAL INFORMATION**

**PEDIATRICIAN'S NAME** \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_

**DENTIST'S NAME** \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_

**HOSPITAL OF CHOICE** \_\_\_\_\_ **ALT.** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS** \_\_\_\_\_

**IF YES PLEASE EXPLAIN** \_\_\_\_\_

**IS YOUR CHILD ON ANY DAILY MEDICINE** \_\_\_\_\_

**IF YES PLEASE LIST** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ALLERGIES (TO MEDS OR ENVIRONMENT)** \_\_\_\_\_

**EMERGENCY CONTACTS IF YOU CANNOT BE REACHED (TWO)**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **CELL # OR PAGER** \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **CELL # OR PAGER** \_\_\_\_\_

**MEDICAL RELEASE**

I \_\_\_\_\_ give permission to the staff of  
(Parent/Guardian full name)

Monroe Township Junior Falcon Wrestling Club to authorize and/or render

Medical treatment for my son / daughter:

\_\_\_\_\_  
(Full name of child)

in the event I am unavailable.

Hospital preference: \_\_\_\_\_

Print full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_



**TOWNSHIP OF MONROE  
DEPARTMENT OF RECREATION  
PARENT, COACH AND OFFICIAL ATHLETIC CODE OF CONDUCT**

I pledge to be responsible for my words and actions while attending, coaching or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I shall not engage in unsportsmanlike conduct toward any coach, parent, participant, official or other attendee.
2. I shall not encourage my child to engage in unsportsmanlike conduct toward any coach, parent, player, participant, official or attendee.
3. I shall not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or other attendee.
4. I shall not encourage my child to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or other attendee.
5. I shall not use drugs or alcohol while at a youth sports event and shall not attend, coach or participate in a youth sports event while under the influence of drugs or alcohol.
6. I shall not permit my child to use drugs or alcohol at a youth sports event.
7. I shall not engage in the use of profanity while attending, coaching or participating in a youth sports event.
8. I shall not permit my child to engage in the use of profanity while attending, coaching or participating in a youth sports event.
9. I shall treat any coach, parent, player, participant, official or other attendee with respect, regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I shall encourage my child to treat any coach, parent, player, participant, official or other attendee with respect, regardless of race, creed, color, national origin sex, sexual orientation or ability.
11. I shall not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or other attendee.
12. I shall not encourage my child to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or other attendee.
13. I shall not initiate a fight or scuffle with any coach, parent, player, participant, official or other attendee.
14. I shall not encourage my child to initiate a fight or scuffle with any coach, parent, player, participant, official or other attendee.
15. I shall not permit my child to use performance-enhancing drugs at a youth sports event and shall not permit my child to attend or participate in a youth sports event while affected by performance-enhancing drugs.
16. I shall abide by the rulings of the officials, coaches and organization administrators during and after the game.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching or participating in a youth sports event, I shall be subject to disciplinary action, including but not limited to the following:

1. Verbal warning.
2. Written warning.
3. Individual game suspension.
4. Multiple game suspension.
5. Season suspension.