TIGER CUB CAMP

WRESTLING CAMP FOR 3-5 YEAR OLDS (Minimum of 8)

Dates: February 24th-March 6th, 2020
Location: Routt County Fairgrounds Exhibit Hall
Time: Tuesday-Friday, 6-7pm
Cost: $35

Registration Deadline: FEBRUARY 14

Ages: 3-5 years
Pre-school age kids are taught the basics of wrestling.

The “CUB CLASH” end of camp exhibition is
Friday, March 6th @6:30pm

“Once you’ve wrestled, everything else in life is easy.” Dan Gable

Hayden Recreation Registration Form
Drop off completed form with payment to:
HVE Office OR Hayden Town Hall OR mail to: PO Box 190 Hayden, CO 81639-0190
Info: Call/Text 734-4168 or email josh.jones@haydencolorado.org

PARTICIPANT NAME_______________________________________

( First ) ( Last )

GRADE __________ AGE_________

PROGRAM NAME: TIGER CUB CAMP

FEE $35

METHOD OF PAYMENT: (CIRCLE) CASH CHECK #____________ AMT ENCLOSED $ __________

Participant T-Shirt Size (Circle one): YS YM YL AS AM AL AXL

DON’T FORGET

PRIMARY CONTACT – PARENT/GUARDIAN (UNDER 18):

PARTICIPANT HEALTH CONCERNS?

1 PARENT/GUARDIAN NAME________________________ PHONE: ______________ EMAIL:

1 PARENT/GUARDIAN NAME________________________ PHONE: ______________ EMAIL:

WE SEND UPDATES, CHANGES, ETC. VIA EMAIL SO IT IS IMPORTANT THAT YOU PROVIDE A VALID EMAIL ADDRESS CLEARLY WRITTEN

LIABILITY, PHOTO, AND MEDICAL RELEASE STATEMENT: (must be signed by participant (parent or legal guardian if under 18)
I understand that the registered activities & services may have an element of hazard or inherent danger & I take full responsibility for participant actions & physical condition.
I agree to indemnify & hold the Town of Hayden & it’s employees from any liability loss, cost or expense (including attorney’s fees, medical & ambulance costs) that participant may incur while participating in Recreation activities. I give my consent to use any photographs taken in future promotional or marketing materials including the Town’s official website and Facebook page. Payment of fees & participation in recreation activities shall constitute acceptance of the liability waiver, photo release, medical release, and the HPR “Spirit of Sportsmanship” Contract.

Participant Signature (parent/guardian if under 18) __________________________ Date __________________________

INTERESTED IN HELPING? PLEASE INDICATE YOUR CHOICE AS A

[ ] VOLUNTEER OR [ ] COACH (COACHES NEEDED)