

# North East



# Wrestling

## **RESPECT ALL FEAR NONE**

HEAD COACH: George Bowser  
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Sign ups: 9/23, 9/30, 10/7, 10/14 from 6-8pm

Where: **Cecil Arena**, 2706 North East Rd. North East MD  
21901

Cost: \$25 made payable to:  
"Treasurer of Cecil County"

Practice: North East High School 300 Irishtown Rd. North  
East MD 21901

Mon & Wed 6-8pm Advanced/Open Wrestling Tue & Thu 6-  
8pm Novice/Intermediate Wrestling

Name : \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Parents

Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please Read and Sign

I, the parent of the above named wrestler, understand that wrestling is a rigorous sport requiring exertion of the cardiovascular and muscular systems. I also understand that even under the best of circumstances and supervision, there are risks of injury. These risks result from factors such as the exertion of the muscle, skeletal and cardiovascular systems, to increases in heart rate and blood pressure, and limitations in the wrestlers capacity for exertion, flexibility and strength, cardiovascular fitness, etc. Knowing this, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Cecil County Parks and Recreation, its representatives, successors, and assigns for any and all injuries suffered by myself at the activities for which I am requesting. I give permission for my child/myself to be photographed while participating or attending a Parks and Recreation activity. I understand that photos may be used in future publicity.

My signature below acknowledges that I have read and understand the above statements and attest that all the answers on this form are true.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For more information call 410-392-4537 or visit us at [www.ccgov.org](http://www.ccgov.org)