



John Rooney
Superintendent of Recreation

TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
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2018 Winter Wrestling

- Who:** Boys from 2nd – 8th Grade
- Where:** East Hampton High School (wrestling room)
- When:** Tuesdays & Thursdays
January 4, 2018 – March 8, 2018
NO CLASS FEBRUARY 20th & 22nd
- Time:** 6 pm – 8pm
- Fee:** \$45.00
- Registration:** Parks & Recreation Department
- Instructor:** Ronald Campsey – 516-659-4787

www.ehamptonny.gov



Town Of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW!!!!!!!

As parent/guardian for _____
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

Names of children:

_____	_____	_____	_____
Sex: ___ Male	Sex: ___ Male	Sex: ___ Male	Sex: ___ Male
___ Female	___ Female	___ Female	___ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____
Telephone #: _____ Cell Phone: _____
Child's School: _____ E-Mail _____
Date: _____ Parent/Guardian Signature: _____
Parent/Guardian Name PRINTED: _____

Would you like to receive emails for Recreation Programs throughout the year?

YES: _____ NO: _____