

Vinton Parks & Recreation Department



Little Viking Wrestling



Grades: K - 1st

Dates: Nov 21, 28, Dec 5, 13, 19, Jan 2, 9, 16
Coaches: Spencer Weeks & Martin Halstead
Location/Time: V/S Middle School, 6:15-7:15 pm
Cost: \$20.00

Grades: 2nd - 6th

Dates: Nov 21, 22, 28, 29, Dec 5, 6, 13, 15, 19, 22,
Jan 2, 3, 9, 10, 16
Coaches: Steve Johnson & Joel Neve
Location/Time: V/S High School, 6:00-7:30 pm
Cost: \$20.00

Wear comfortable clothes. No tennis shoes.

If school is cancelled or let our early for bad weather, wrestling is cancelled.

Sunday, November 13 - Viking Wrestling Tournament, contact Steve Johnson for more info

Tuesday, December 20 - Jr. Wrestling Night at V/S Home High School Meet

Sunday, January 15 - Lions/VRPD Wrestling Tournament

Tuesday, January 17 - End of Year Party at Pizza Ranch, 6 pm (whole buffet for \$6/person)

DUE DATE: FRIDAY, NOVEMBER 18, 2011 (No t-shirt guaranteed after due date)

Please mail or bring registration form to the Vinton Recreation Center at 701 E A Street.

Questions please call 472-4164.



Youth Wrestling 2011-12

Participant's Name _____ Grade _____ Age _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ M/F _____

Emergency Contact _____ Phone _____

Name of Parent/Guardian _____ Email _____

1. I/We recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the event of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature of Parent/Guardian _____ Date _____

T-Shirt Size (circle one):

Y-6/8 Y-10/12 Y-14/16 Adult-S Adult-M Adult-L

(Additional T-shirts may be ordered at \$10/shirt:
size/qty: _____ total: \$ _____)

Office Only:	Fee: \$20.00
\$3 Late fee after 11/18:	_____
Extra t-shirts:	_____
Total Due:	_____
Date Paid:	_____