

# Robbinsdale Area Youth Wrestling Club

Join our Wrestling Club! Youth in grades K-8 will develop proper wrestling techniques and a positive, competitive attitude. All skill levels are welcome. Participants will build on the skills developed from one session to the next. Participants will have the opportunity to register for a tournament team, which begins in February. An informational meeting will be held at New Hope Learning Center on Thursday, November 9 from 6:30-7:30 p.m. *\*Resident rate applies to New Hope, Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, Plymouth and Robbinsdale.*

<b>Grades K-3</b> 311701-A1: Tuesdays and Thursdays, November 21-December 21 (no class 11/23) 311701-B1: Tuesdays and Thursdays, January 9-February 6  Time: 5:30-6:30 p.m.  Fee: \$42 per session *Residents \$49 per session Nonresidents	<b>Grades 4-8</b> 311701-A2: Tuesdays and Thursdays, November 21-December 21 (no class 11/23) 311701-B2: Tuesdays and Thursdays, January 9-February 6  Time: 6:30-8 p.m.  Fee: \$52 per session *Residents \$59 per session Nonresidents
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**Location:** New Hope Learning Center  
 8301 47th Avenue North, New Hope

**Register with:** New Hope Parks & Recreation  
 4401 Xylon Avenue North  
 New Hope, MN 55428



Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the program unless otherwise informed that it is filled or cancelled. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. **Questions? Call 763-531-5151.**

Online registration! Go to [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

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 2017-18 Robbinsdale Area Youth Wrestling Club

Name \_\_\_\_\_ Phone(h) \_\_\_\_\_ (c) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Does participant have a special need? \_\_\_\_\_  
 Session(s) \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Amer Express/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_