

# WRESTLING CLINIC KINDERGARTEN & 1<sup>ST</sup> GRADE

WEST CALDWELL-CALDWELL RECREATION  
WEST CALDWELL-CALDWELL RESIDENTS ONLY

TUESDAYS & THURSDAYS 6:00-6:45PM

Full schedule will be emailed at the end of November



**LOCATION:** JAMES CALDWELL HIGH SCHOOL AUXILIARY GYM

**REGISTRATION:** \$75.00  
MAKE CHECK PAYABLE TO: WC-C RECREATION

RETURN FORM & FEE TO: WC-C RECREATION  
30 CLINTON ROAD, WEST CALDWELL, NJ 07006.

REGISTER ONLINE: <https://register.communitypass.net/westcaldwell>

PROGRAM SUPERVISOR: PAUL MARINACCIO

FOR MORE INFORMATION EMAIL PAUL MARINACCIO  
[CALDWELLWRESTLINGCOACH@GMAIL.COM](mailto:CALDWELLWRESTLINGCOACH@GMAIL.COM)

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  WC  C

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL (PLEASE PRINT LEGIBLY): \_\_\_\_\_

PARENTS NAMES (PLEASE PRINT): \_\_\_\_\_

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE WEST CALDWELL-CALDWELL RECREATION 2024-25 K-1 WRESTLING CLINIC AND TO THE BEST OF MY KNOWLEDGE IS PHYSICALLY FIT TO ENGAGE IN THIS ACTIVITY. I UNDERSTAND THAT PHOTOGRAPHS OR VIDEOS OF MY CHILD, TAKEN BY DEPARTMENT OF RECREATION STAFF, MAY BE USED ON THE TOWNSHIP OF WEST CALDWELL WEBSITE AND SOCIAL MEDIA SITES.

\_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE OF PARENT