Garfield
Junior Wrestling

Coach Jim Dolci
201-602-3876
Garfieldwave@aol.com
https://sites.google.com/site/garfieldwrestling

Director:
Jim Dolci
Head Coach:
Anthony LaDuca
Coaches
Joe Lano
Roberto Vargaas
Heath Hicks
Anthony Duarte

Wrestling Registration

The program is open to all Garfield residents in 1st through 8th grades.
To Register Mail this form and the following to:

Jim Dolci
500 Palisade Avenue
Garfield, NJ 07026

A copy of the participant's birth certificate and $35 registration fee

Make Checks payable to Garfield Jr. Wrestling

Due No Later than November 21st

Practice will begin Tuesday, November 28th

Practices will be held at Garfield High School. *(Enter by the tennis courts)*
Days and times TBA depending on group beginning at 6:00
Matches will be held every Saturday and some Sunday mornings
January to March in the Bergen-Passaic County Area

NAME_____ HOME# _____ CELL# _____

ADDRESS_____

DATE OF BIRTH _____/_____/_____ GRADE_____ EMAIL_____
Month day year *all information is given via email no phone calls*

Shirt Size: YS YM YL S M L **Shorts Size: YS YM YL S M L**

I hereby give my child permission to participate in the Garfield Junior Wrestling Program. I hereby certify and affirm that my child is a resident of Garfield. I also certify and affirm that the above information is true and correct. As a wrestling parent I agree to abide by all rules and regulations set forth by the Twin County Junior Wrestling League as well as the rules of any venue your child wrestles. I also understand that practices are only open to wrestlers and coaches, PARENTS WILL NOT BE PERMITTED TO WATCH PRACTICES. I agree to support my child in a positive way that promotes good sportsmanship, I will teach my child to respect the coach's and support his or her teammates in a positive way.

Parent's Signature: _____ Date: _____