



BLOOMFIELD

Parks • Recreation • Cultural Affairs

84 Broad Street, Bloomfield, NJ 07003

Tel: 973-743-9074 Weather Update #: 973-743-7593



Bloomfield Wrestling Program

Junior Division

1st Grade - 5th Grade

Practices - Tuesday & Thursday

With the First Practice Starting:

Tuesday, November 8th

1st & 2nd Grade 6:00PM - 6:45PM

3rd—5th Grade 7:00PM—8:15PM

Senior Division

6th Grade - 8th Grade

Practices - Mon, Wed, Fri(some Saturdays)

With the First Practice Starting:

Wednesday, November 9th

6:00PM - 8:00PM

Do you have questions about the sport of wrestling?
Want to learn more about it before paying and making the commitment to joining the team?
Then please join us at our practices listed below!

OPEN PRACTICE

All practices will be held at Bloomfield High School (Lower Gym, 160 Broad St.) h

Junior Division	6:00PM - 8:15PM	November 8, 10, 15, 17, 22
Senior Division	6:00PM - 8:00PM	November 9, 11, 14, 16, 18

No payment necessary to participate in Open Practice. However, the permission slip below must be filled out, signed by a parent or guardian & brought prior to participation. If you decide you would like to participate you can sign up on line at www.bloomfieldrecreation.org and pay the \$45 fee.

Payment must be received by/on Monday, November 28, 2022 to continue practices.

Finalized practice and match schedules will be passed out during the **mandatory parent/guardian** meeting with the coaching staff on **Monday, December 5th at 6:00PM** in the wrestling gym for the Senior Division.
Tuesday, December 6th at 6:00PM in the wrestling gym for the Junior Division.

Pre-Registration Only - \$45.00

For more info or to register, contact: Bloomfield Parks, Recreation, & Cultural affairs at 973-743-9074, in person at 84 Broad St., or online www.bloomfieldrecreation.org.

Make checks payable to: Bloomfield Recreation Department

***** You must be a Bloomfield Resident to Participate in Suburban Matches*****

***** If you do not live in town but attend a private school in Bloomfield, there is an additional \$10 fee *****



Name: _____

Age: _____ Current Grade: _____

Address: _____

Phone#: _____

Email: _____

Emergency #: _____

To the best of my knowledge my child is physically fit to participate in a supervised wrestling program. They are able to engage in this activity and I hereby release the Parks, Recreation & Cultural Affairs Advisory Committee Township of Bloomfield, its officers, agents, servants and employees; the Township of Bloomfield, its officers, agents, servants, employees and The Board of Education of Bloomfield, its officers, agents, servants, employees from any and all liabilities that may be sustained to my child while going to, while engaged in and returning from this activity.

Signature: _____

Date: _____