



### Registration Information

<b>Payment Method:</b>	<input type="checkbox"/> Check <input type="checkbox"/> Cash	Check #: <input style="width: 80%;" type="text"/> Amount: <input style="width: 80%;" type="text"/>	<b>Wrestler Level:</b> (Must have at least 2 years novice experience to be considered for JV/Varsity)	<input type="checkbox"/> Novice <input type="checkbox"/> JV/Varsity
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### Demographic Information Please Print Clearly

<b>Child's Name:</b>	<input style="width: 95%;" type="text"/>	<b>Parents Names</b>	<input style="width: 95%;" type="text"/>		
<b>Street Address:</b>	<input style="width: 95%;" type="text"/>	<b>City:</b>	<input style="width: 80%;" type="text"/>	<b>State:</b>	NJ
<b>Telephone #</b>	Home: <input style="width: 80%;" type="text"/>	Cell 1:	<input style="width: 80%;" type="text"/>	Cell 2:	<input style="width: 80%;" type="text"/>
<b>Email(s)</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
<b>Date of Birth</b>	<input style="width: 80%;" type="text"/>	<b>School:</b>	<input style="width: 80%;" type="text"/>	<b>Grade:</b>	<input style="width: 80%;" type="text"/>
<b>Weight:</b>	<input style="width: 80%;" type="text"/>	<b>Shirt Size:</b>	<input style="width: 80%;" type="text"/>	<b>Birth Certificate Provided/On File?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

I, AS A PARENT OR LEGAL GAURDIAN APPROVE OF MY CHILD'S ATTENDANCE AND ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION ARISING OUT OF ANY AND ALL ACTIVITIES, WHETHER THE RESULT OF NEGLIGENCE OR ACCIDENTAL. I, THE UNDERSIGNED INTENDING TO BE LEGALLY BOUND, HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATOR ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND ANY OTHER ACTIONS WHATSOEVER, WHICH I MAY HAVE AGAINST THE WARREN HILLS SCHOOL DISTRICT, THE WASHINGTON Y, ALL COACHES, STAFF, DIRECTORS, AND SPONSORS. I VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RIGORS OF THE SPORT AND RISKS INVOLVED IN PARTICIPATION. I AGREE TO RETURN THE UNIFORMS AND ANY EQUIPMENT ISSUED TO MY CHILD IN AS GOOD CONDITION AS ISSUED EXCEPT FOR NORMAL WEAR AND AGREE TO PAY REPLACEMENT COST BEFORE OUR CHILD WILL BE ELIGIBLE FOR PARTICIPATION (SINGLET \$45.00).

<b>Print Name:</b>	<input style="width: 95%;" type="text"/>	<b>Signature:</b>	<input style="width: 95%;" type="text"/>	<b>Date:</b>	<input style="width: 80%;" type="text"/>
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### Emergency Permission & Information

My Child is covered under a n accidental/hospital insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Carrier:</b> <input style="width: 80%;" type="text"/> <b>Policy #:</b> <input style="width: 80%;" type="text"/>			
<b>Hospital:</b>	<input style="width: 95%;" type="text"/>	<b>Phone:</b>	<b>Emergency Contacts</b>		
<b>Physician:</b>	<input style="width: 95%;" type="text"/>	<b>Phone:</b>			
<b>Dentist:</b>	<input style="width: 95%;" type="text"/>	<b>Phone:</b>			



**Washington Y Wrestling Club**  
**Registration**  
**Kindergarten – 6<sup>th</sup> Grade**  
**Mail in: by October 24, 2015**

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- WHO:** Boys and girls in K-6<sup>th</sup> grade in the Warren Hills Regional sending district (Washington Township, Washington Borough, Franklin, Mansfield, and Oxford)
- WHEN:** Varsity/JV scheduled to begin Tuesday November 3rd.  
Novice (1<sup>st</sup> & 2<sup>nd</sup> Year) scheduled to begin Monday November 9th.  
Practices will be held in Warren Hills Regional High School wrestling room 6pm -8pm.
- COST:** \$60 for the first family member, \$40 for each additional family member.  
Mail completed, signed applications with check or money order payable to  
“Washington Y Wrestling”
- INCLUDE:** A copy of each child’s birth certificate (unless a copy is already on file with Washington Y Wrestling) and physical form from your Doctor to:

**Washington Y Wrestling Club**  
**6 Glen Eagles Rd.**  
**Washington, NJ 07882**

- Questions?** Contact Mike DeGeorge at (908) 797-3977  
or via email at [washingtonywrestling@gmail.com](mailto:washingtonywrestling@gmail.com)