



Registration Information			
Payment Method:	<input type="checkbox"/> Check	Check #: <input type="text"/>	Wrestler Level: (Must have at least 2 years novice experience to be considered for JV/Varsity)
	<input type="checkbox"/> Cash	Amount: <input type="text"/>	

Demographic Information Please Print Clearly			
Child's Name:	<input type="text"/>	Parents Names	<input type="text"/>
Street Address:	<input type="text"/>	City: <input type="text"/>	State: <input type="text" value="NJ"/> Zip: <input type="text"/>
Telephone #	Home: <input type="text"/>	Cell 1: <input type="text"/>	Cell 2: <input type="text"/> Work: <input type="text"/>
Email(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	School: <input type="text"/>	Grade: <input type="text"/>
Weight:	<input type="text"/>	Shirt Size: <input type="text"/>	Birth Certificate Provided/On File? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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).</p>			
Print Name:	<input type="text"/>	Signature: <input type="text"/>	Date: <input type="text"/>

Emergency Permission & Information			
My Child is covered under a n accidental/hospital insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier: <input type="text"/>	Policy #: <input type="text"/>
Hospital:	<input type="text"/>	Phone: <input type="text"/>	Emergency Contacts
Physician:	<input type="text"/>	Phone: <input type="text"/>	Name <input type="text"/> Phone <input type="text"/>
Dentist	<input type="text"/>	Phone: <input type="text"/>	Name <input type="text"/> Phone <input type="text"/>

PLEASE CHECK BELOW – PARENT PARTICIPATION IN AT LEAST ONE OF THE FOLLOWING IS EXPECTED FOR YOUR CHILD'S PARTICIPATION IN THE WASHINGTON Y WRESTLING CLUB	
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Concessions/Shopping
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Admission
<input type="checkbox"/> Set Up / Clean Up	<input type="checkbox"/> Statistician
<input type="checkbox"/> Coaching	<input type="checkbox"/> Scoring - Timekeeping - Table Help
*** Washington Y Wrestling is not affiliated with the Warren Hills Regional School District or elementary sending districts	



Washington Y Wrestling Club

Registration

Kindergarten – 6th Grade

Mail in: by October 18, 2013

-
- WHO:** Boys and girls in K-6th grade in the Warren Hills Regional sending district (Washington Township, Washington Borough, Franklin, Mansfield, and Oxford)
- WHEN:** Varsity/JV scheduled to begin the week of November 4.
Novice (1st & 2nd Year) scheduled to begin the week of November 11.
Practices will be held in Warren Hills Regional High School wrestling room.
- 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) to:

Washington Y Wrestling Club

P.O. Box 448

Washington, NJ 07882

- Questions?** Contact Mike DeGeorge at (908) 689-1978
or via email at washingtonywrestling@gmail.com

The Washington Y Wrestling Club is always looking for volunteers to help with our program. Even if you don’t know anything about wrestling, we have qualified people who would love to share their knowledge. Positive beginnings mold our children’s futures. What could be more positive for your child than having you share in their childhood wrestling experience?

\$5 of your registration fee is given to the Warren Hills Wrestling Club to support your membership in the club . The Washington Y is supported through the club and your membership is critical in promoting the sport in our community. Please make every effort to attend monthly meetings and support our sport. Questions about the Warren Hills Wrestling Club? Please see our website : <http://www.warrenhillswrestlingclub.com>