

# MAINLAND JR. WRESTLING

## 2009-2010 Registration Form

Wrestlers Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Wrestling Exp. (yrs) \_\_\_\_\_ Approx. Weight \_\_\_\_\_

Mother;s Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (We will use for updates.)

\*\*\*Does your child have any medical conditions we should be made aware of? YES or NO (Circle One)

If yes, please describe on the back of this sheet what they are and if they have cleared by a Doctor.

**Amount Due per wrestler \$60.00 residents of Northfield, Linwood, and Somers Point**

**Make checks payable to MAINLAND JR WRESTLING** Cash \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Wrestlers must have wrestling shoes and headgear before first practice.

Parents must sign -up to help in one or more of the following areas.

\_\_\_ Match set-up \_\_\_ Snack Bar \_\_\_ Fundraising \_\_\_ Banquet \_\_\_ Tournament

I, INTENDING TO BE LEGALLY BOUND DO HEREBY, FOR MYSELF, MY CHILD, HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS OR DAMAGES WHICH I, OR MY CHILD, MAY HAVE OR AQUIRED AGAINST THE ORGANIZERS, OR THEIR AGENTS OF THIS PROGRAM IDIVIDUALLY OR COLLECTIVELY FOR ANY AND ALL INJURIES SUFFERED AT OR DURING THIS ACTIVITY.

Parent Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please visit us at [www.mainlandjrwrestling.com](http://www.mainlandjrwrestling.com)