

MAINLAND JR. WRESTLING

2010-2011 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