

Beginning Champions

Registration Form

Fee per family: First wrestler \$40 Second wrestler \$30 Third wrestler \$20

Name: _____ Age now: ____ Birth Date: _____

Grade: ____ Homeroom Teacher: _____ School Building: _____

Home Address: _____

Home phone#: _____ Mother's cell#: _____ Father's cell#: _____

E-mail Address: _____

Name of parent/guardian: Mother: _____ Father: _____

Years wrestling experience (include this upcoming season): _____ (no 0 years)

Do you have school insurance? Yes or No

If no, please list insurance. Name: _____

Policy #: _____

Emergency Contact: Name: _____ Phone#: _____

Are you under medical treatment at this time? Yes or No

If yes, please explain: _____

Are you on any medication regularly (prescription or over the counter)? Yes or No

If yes, please explain: _____

Do you have other physical limitations? (Asthma, etc.) Yes or No

If yes, please explain _____

We the undersigned, parent/ guardians of _____ do here by consent that _____ may participate in the athletic program of "Beginning Champions and do release the said program, its agents, coaches, volunteers, and the Conewago Valley School District, of any and all claims and demands that may occur to us as parents of our child arising from injury suffering while participating in the said athletic program. The above responds are true to the best of my knowledge. Signing this registration form, the parents have agreed to volunteer there time when assigned a position, and to participate in all of the fundraisers.

Print parent/guardian name

Signature parent/guardian name

Wrestler's T-shirt size: Youth - S M L or Adult - S M L

To be filled in by the coaches:

Childs exact weight: _____ lbs.

Years experience: _____ (no 0 years)

Reg. paid: Yes or No Amount: _____ Cash: ____ Check#: _____