



JEFFERSON YOUTH WRESTLING- REGISTRATION FORM



"Once you've wrestled, everything else in life is easy..." Dan Gable

Please note: online registration and payment via credit card is now available at WWW.JTWRESTLING.COM

LEVEL (CHECK ONE) VARSITY (GRADE 3-8*) CLINIC (GRADE K-2)
\$90.00 registration (*8th Grade Free) \$60.00 registration

PLEASE PRINT

NAME: _____

ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ WEIGHT: _____

AGE: _____ GRADE: _____ SCHOOL: _____

SHIRT SIZE (CIRCLE ONE)

Youth 6-8 10-12 14-16

Adult S M L

SHORTS SIZE

ADULT S M L XL

PARENT OR GUARDIAN

NAME: _____

ADDRESS: _____

Registration forms are due October 31st, 2011

Checks Made Payable to:

Jefferson Youth Wrestling

Mailing Address:

Stacey Ortense

C/O Jefferson Youth Wrestling

12 Mackenzie Lane

Oak Ridge, NJ 07438

Please note:

Head Gear & Wrestling Shoes are required and 8th grade wrestlers are free

I agree that my child _____ has permission to engage in the Jefferson Township Youth Wrestling program under the supervision of the recreation department instructors. I release, absolve and hold harmless the Jefferson Recreation Association, its Officers, Instructors and Sponsors, any and all of them, from any risks and hazards incidental to the conduct of the activities. In case of injury, I hereby waive all claims, and release from responsibility any person or persons transporting my child to and from Wrestling activities. I also certify that my child is in excellent health and has no limitation in activities in this sport.

I also understand that my child should have some type of family insurance coverage in order to participate. The Township of Jefferson carries bodily injury insurance on a second coverage basis with a \$25.00 deductible charge.

I also understand that I, as a parent/guardian, will be held responsible for any equipment lost or damaged due to misuse by my child.

PARENT OR GUARDIAN SIGNATURE: _____ DATE _____