



2011-2012 UPPER MORELAND YOUTH WRESTLING REGISTRATION FORM

Early Bird registration will be held in the Upper Moreland High School Wrestling Room on Nov 1st, 2nd and 3rd from 6:00-8:00 pm. The fee is \$75.00 and will be \$80.00 thereafter. Registration forms with an enclosed check may also be mailed to the UMWC @ P.O. Box 216, Willow Grove, Pennsylvania 19090.

Middle School Wrestlers fee: (7th-8th grade) \$25.00

Uniforms will be provided at registration. All uniforms must be returned to the UMWC at the end of the season. Non returned uniforms will result in a \$50 charge. Upon registering, both prior year wrestlers & 1st time wrestler who registers both will be eligible for a one time reimbursement of \$25.00 towards new wrestling shoes with the original receipt.

PARENT / GUARDIAN INFORMATION:

NAMES: ADDRESS: CITY: STATE: ZIP: _____

E-MAIL ADDRESS: HOME PHONE #: CELL PHONE # _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: RELATION: _____

PHONE # _____

WRESTLER'S INFORMATION:

WRESTLERS NAME: _____ DOB: _____

PLEASE LIST ANY MEDICAL CONDITIONS WHICH THE COACHES SHOULD BE AWARE OF:

PARENTAL PERMISSION I, the parent of the above child understand the potential risk of injury that exists in wrestling as it does in any contact sport, and I knowingly and freely assume all such risks, both known and unknown. I hereby grant permission for this child's participation in the Upper Moreland Wrestling Club, intending to be legally bound for myself, my heirs, executors or administrators, I waive and release any and all rights and claims for damage against the Upper Moreland Wrestling Club, it's representatives, officers & volunteers, the Upper Moreland School District, and all officials and referees from injuries that he / she may receive directly or indirectly from practice, competition or traveling to and from wrestling events. I certify that this child is protected by health and accident insurance which will compensate me for any expenses incurred as a result of these injuries. I certify that this child is in good health and the information provided on this form is correct. I also understand that the officers and coaches of the Upper Moreland Wrestling Club may withdraw my child from participating in the program if he / she or their parents / guardians are involved in behavior or activity deemed to be detrimental to the health, safety or welfare of other participants or spectators.

As an active parent of a child participating in this program, I pledge to work three home matches either at the Snack Bar or a Scoring Table. Sign up will be available by e-mail when the season schedule is posted.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

Insurance Carrier: _____ Policy #: _____

Registration Paid: _____