

SELINGROVE ELEMENTARY WRESTLING REGISTRATION FORM

I give permission for my child _____ to participate in the Selinsgrove Elementary Wrestling program for the 2019-2020 season. I waive all rights and release the Selinsgrove School District, the Athletic Counsel, the Selinsgrove Wrestling Association and coaches from any responsibilities for any and all damages or injuries suffered by my child during participation in the program.

Parent/Guardian Signature _____ Date _____

The registration fee is \$15.00 per child and must be paid prior to participation in the first practice. Make checks payable to Selinsgrove Wrestling or SWA.

WRESTLER INFORMATION:

Age _____ Birth Date ____/____/____ Grade _____

T-Shirt Size _____ Short Size _____ *All sizes are YS, YM, YL, AS, AM, AL and AXL

School Attended: Elementary _____ Intermediate _____ Middle _____

Approximate Weight _____ Years of Experience _____

If you have a sibling (s) involved in the program, please list name and level:

PARENT INFORMATION:

Mother's Name: _____ Cell Phone _____

Address _____

Home Phone _____ Email Address _____

Father's Name: _____ Cell Phone _____

Address _____

Home Phone _____ Email Address _____

In Case of Emergency:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

For Association Use Only:

Registration Fee _____ Association Fee _____ Patron Page _____

Check# _____ Check Amt _____ Cash Amt _____