

HAMMONTON WRESTLING — CLUB —

**2018-2019 Registration – NOVEMBER 13, 14, 15 (6:30 pm to 8 pm)
Hammonton High School – Wrestling Room (Gym C)**

You can also register on-line at www.HammontonWrestling.org

PRACTICES START THE WEEK OF NOVEMBER 26th – Days will vary

The program is open to children K through 8th grade.

Tots (Born 2012/2013), Bantams (Born 2010/2011), Midgets (Born 2008/2009) are eligible to compete in league matches.

Registration Fee (includes t-shirt): \$50 per child

Headgear (required for practice and matches): \$30 (check if you would like HWC to purchase)
If you have a headgear or would like to purchase on your own you may. Must be black or royal blue.

Singlet (required for matches): \$30 (check if you would like HWC to purchase)
If you have a singlet or would like to purchase on your own you may. Must be black or royal blue.

YOU MUST GO TO www.usawmembership.com TO PURCHASE A **USA WRESTLING CARD** AND PRESENT THAT CARD PRIOR TO THE FIRST PRACTICE or The HAMMONTON WRESTLING CLUB CAN PURCHASE IT FOR YOU. Cost is \$45 (check if you would like HWC to purchase)

No Refunds for any reason

Name: _____ Birth Date: _____ Age _____

Address: _____ City: _____ Approx. Weight: _____

Grade: _____ School: _____ Cell (we will be sending text messages to you) _____

Parent's and/or Guardian's Names: _____

Email: _____ Experience Level (yrs.): _____

Please indicate child's shirt size (circle one): **YS** **YM** **YL** **AS** **AM** **AL** **XL** **XXL**

WAIVER OF LIABILITY

I _____ (Parent or Guardian), hereby give permission for _____ (Child's Name) to participate in wrestling activities with the Hammonton Wrestling Club. In doing so, I fully understand that I will not hold the authorized coaches, club officers and representatives, or the Hammonton Wrestling Club liable for any injury or illness occurring while _____ (Child's Name) is participating in or going to or from any and all activities of the Hammonton Wrestling Club.

Signature of Parent or Guardian _____ Date _____

We always need volunteers.

Please check what you would like to do. Thank you!

Coach **Set-Up for Meets**
 Concessions **Meet Operations**

EMERGENCY TREATMENT RELEASE

As a parent and/or guardian of _____ a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian: _____

Address: _____ Cell: _____

This release is granted is for the 2018/2019 wrestling season

Specific medical allergies, chronic illness or other medical conditions staff should be aware of:

Other contact in case of emergency:

Name _____

Relationship _____

Phone _____

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature _____

Date _____

Parent and/or Guardian

Reserved for administrative purposes: Collected By: _____ Check #: _____ or Cash: _____