



2009-2010 UPPER MORELAND YOUTH WRESTLING REGISTRATION FORM

1st Youth Wrestler: \$75 2nd Youth Wrestler: \$75
Additional Wrestlers: Free Middle School Wrestler (7th-8th grade): \$20
Uniforms will be provided with registration. All Singlets need to be returned to the
UMWC at the end of the season. Failure to return Singlet will result in a \$50 charge.

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: _____ GRADE: _____

PLEASE LIST ANY MEDICAL OR SPECIAL CONDITIONS WHICH THE COACHES SHOULD BE
MADE AWARE OF: _____

Volunteer (please circle): Coach Snack Bar Mat Setup Scoring Table

PARENTAL PERMISSION The risk of injury 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.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

Insurance Carrier: _____ Policy #: _____

Registration Paid: _____ Singlet Paid: _____ or From Last Year