

Paid by: CHECK #

Paid by: CASH

RANCOCAS VALLEY YOUTH WRESTLING ASSOCIATION REGISTRATION FORM

Registration Cost for One Wrestler - \$105 Registration Cost Two Wrestlers - \$ 165 Registration Cost Three Wrestlers \$200

Please print neatly

Name: _____

DOB: _____ Estimated Weight: _____ AGE: _____ GRADE: _____ Shirt Size: _____

FATHER: _____ MOTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Fathers Cell: _____ Mothers Cell: _____

Email: _____

Additional Email: _____

Does your child have any illness or allergies or conditions that the coaches should be made aware of: YES / NO (Please circle)

Are there any specific requests: _____

We are always in need of coaches. Yes, I Will Coach Or Assist:

Experience Level (please circle one): 1st Year 2nd Year 3rd Year 4th Year 5th Year 6th Year 7th Year 8th Year 9th Year

PARENT/GUARDIAN CONSENT AND WAIVER

RANCOCAS VALLEY YOUTH WRESTLING ASSOCIATION

I, the parent or guardian of _____, hereby give consent for his participation in the Rancocas Valley Youth Wrestling Association (RVYWA) Program during the 2011-2012 season. I assume all risks and hazards incidental to such participation, including transportation to and from any and all activities related to the wrestling program; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the RVYWA; the township of Mt. Holly; Rancocas Valley Regional High School; the coaches, staff, and volunteers associated with the wrestling program; the participants, and people transporting my child/children to and from activities from any claims arising from any injury to my child/children. I further give consent for emergency medical care prescribed by a duly licensed MD, DO or Dentist. This care may be given under whatever conditions to preserve the life, limb, or well being of my child.

Printed Name

Signature

Date

The singlet is property of the RVYWA. Singlets are **loaned** to each wrestler during the wrestling season. Any singlet that is lost or damaged, it is the wrestler's responsibility to replace it. Singlets must be returned CLEAN at the end of the season. Singlets are to be worn to MATCHES ONLY not to practices!

****** NO REFUNDS ON REGISTRATION FEES!! **** Initial here _____**

There will be a \$30 fee for all returned checks.

RANCOCAS VALLEY YOUTH WRESTLING ASSOCIATION
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This form must be completed and returned before any wrestler may begin practicing with the team.

To the parent(s) and/or guardian(s) participating in the RVYWA wrestling program. In case of an injury that occurs while your son/daughter is at a match or practice, and medical aid is necessary, the hospital needs parental permission to treat your child. At times, we may not be able to contact a parent/guardian, thus delaying treatment. Please read and sign this form. In all cases of injury the officers or coaches will attempt to notify parents/guardians immediately.

Please print Child's name.

To whom it may concern: In case of emergency, I hereby authorize treatment for my child, _____ while wrestling with the RVYWA. I understand that the officers or coaches of the Rancocas Valley Youth Wrestling Association have, or are in the process of, notifying me of my child's injury and I shall be in attendance as soon as possible.

Printed Name of
Parent or Guardian

Signature

Date

Primary Insurance Co: _____ Policy# _____ Effective Date: _____

Secondary Ins Co: _____ Policy# _____ Effective Date: _____

EMERGENCY NOTIFICATION INFORMATION

Name of person to contact _____

Relationship _____

Home telephone _____ Cell _____

Secondary Contact
Name of person to contact _____

Relationship _____

Home telephone _____ Cell _____

Emergency medical information (please list all allergies, pre-existing conditions or special medical information below).

If none, please check here.

