

2010-2011 Youth Wrestling Registration Form for Grades K – 6



FLEETWOOD AREA WRESTLING ASSOCIATION



Registration Nights: Monday, October 25, 2010 & Tuesday, October 26, 2010
6 – 9pm in the Fleetwood Area High School Cafeteria

Registration Fee: \$40.00 per child
{We want to make wrestling available to all children to experience. If your child would like to participate, however the registration fee will cause you a financial hardship, please contact us}

Practices: Monday, November 29th, 2010. Practices will be held every Monday and Wednesday.
For 1st & 2nd year kids: 6:30pm-7:30pm For 3rd year & above: 6:30pm-8pm
All practices are in the Fleetwood High School Auxiliary Gym.

Matches: Friday nights @ 6:30pm until approximately 9pm starting in January thru February

For more information, please contact one of the following:

Joel Iswalt: 610-916-7717 Shawn Strange: 610-916-1101 Matt Schlegel: 717-629-4139
Website: http://www.fleetwoodwrestling.org EMAIL: tigers@fleetwoodwrestling.org

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Please bring this registration form completed along with your non-refundable registration fee to Registration Night.

Child's Name _____ Grade _____ Age _____

Child's Approx. Weight _____ Years of Experience _____ Birth Date _____

Parent(s) or Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Other _____

Email Address (1) _____ Email Address (2) _____

{Email is necessary and is one of 2 ways you will receive schedule updates, you can also reference our website}

Emergency Contact _____ Phone _____

Medical Insurance Co. _____ Policy/Group No. _____

I (We) the undersigned understand that the parents/guardians above must supply all medical insurance for the named child for the wrestling season 2010-2011. Furthermore, I (we) understand that Fleetwood Area Wrestling Association is an independent organization and are not in any way connected with the athletic programs of the Fleetwood Area School District. I(we) also agree not to hold responsible in any way the Fleetwood Area School District, The Youth Wrestling Programs of Berks County, The Fleetwood Area Wrestling Association, their coaches, officials, or other personnel for any injury or losses to your child while participating on or traveling to or from any event of the Fleetwood Area Wrestling Association Youth Wrestling Program.

Parent/Guardian Signature _____ Date _____ Payment: _____ (circle one) Cash Check