

CONESTOGA YOUTH WRESTLING ASSOCIATION 2011 – 2012 REGISTRATION

Name of Wrestler _____ Date of Birth _____

Years Experience _____ Approx Weight _____

School _____ Grade _____

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Street Address _____

City, State, Zip _____

Home Phone # _____

EMAIL(s) _____

(Used as primary source of communication)

Medical Insurance Plan _____

Insurance # _____

The undersigned, on behalf of the minor participant, their self and their spouse, as parent and/or guardian, hereby waives and releases any and all rights and claims for damages which may arise against Conestoga Youth Wrestling Association, its officers, directors, coaches and other volunteers, arising out of participation by the wrestler in the activities of the organization and further agrees to hold harmless the organization, its representatives, successors and assigns from any and all damages from injuries received by the minor while participating in all the activities of the organization.

Parent Guardian Signature: _____

FEES: \$135.00 Registration for K – 6 (\$80.00 each additional family member)

\$65.00 Registration for Grades 7 & 8

(Note: Fee includes a \$20.00 uniform deposit – refundable per family)

NOTE: Discount \$10 per wrestler if post marked by 10-3-2011

Payable to: CONESTOGA YOUTH WRESTLING ASSOCIATION

Mail check to: CYWA
C/O Linda Lofland
340 Hilltop Road
Paoli, PA 19301

Questions: Contact Drew Reindel at drew@conestogawrestling.com or 610-687-2705

For more information please visit our website: www.conestogawrestling.com