

NORTHERN BURLINGTON YOUTH WRESTLING 2012 -2013 SEASON

Registration: \$ 75.00 per child make checks payable to: N.B.Y.W. You can mail to
N.B.Y.W
Po box 397, Columbus, N.J. 08022

Child's Name:
Address:

Telephone Number:
Date of Birth:
Grade:
Age: wgt: jacket size:

MEDICAL INFORMATION

Insurance Company:
Policy Number:
Group Number:
Family Physician/Telephone Number:
Medical Conditions/Allergies:
Emergency Contact/Telephone Number:

PLEASE NOTE: At all home matches the club asks, each family, for an amount of volunteer time working the mats AND parental involvement, a donation of a food and or drink item for the concession stand,
The club thanks you, in advance, for your cooperation.

As the Parent/Guardian of _____, I authorize that he/she has my permission to participate in all Northern Burlington Youth Wrestling Club's activities. I assume all risks and hazards incidental to such participation, including transportation to and from any and all related activities; and I do hereby waive, release, and absolve, indemnify and agree to hold harmless Northern Burlington Youth Wrestling Club directors, coaches, and volunteers. I also authorize and give permission to the staff of the Northern Burlington Youth Wrestling Club to act in my behalf in obtaining medical care in the event of an accident or illness requiring professional medical care. I fully understand the above agreement and will not hold the Northern Burlington Wrestling Club staff responsible for any actions taken by them in obtaining the best medical care possible for my child/ward.

Signature of Parent/Guardian:

E-mail address:

Team contact: Scott matey, for any questions call 609-291-1907 or e-mail grady1981@yahoo.com



THIS IS NOT A SCHOOL SPONSORED ACTIVITY