

DALLASTOWN YOUTH WRESTLING REGISTRATION FORM

Wrestler's Name _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

BIRTHDATE _____ GRADE _____

WEIGHT _____ YEARS of EXPERIENCE _____

MOM'S NAME _____ DAD'S NAME _____

MOM'S CELL _____ DAD'S CELL _____

T-shirt Size- YS YM YL AS AM AL

- *I, the parent or legal guardian of the child indicated above who is applying to participate in the DALLASTOWN YOUTH Wrestling Program, hereby give my approval and consent to allow him/her to participate in any and all D.Y.W. activities.*
- *I assume all risks and hazards incidental to such participation, including transportation to and from all activities.*
- *I waive, release, absolve, indemnify and agree to hold harmless DYW, Dallastown School District, Dallastown Wrestling Booster Club, the coaching staff, participants, officials and volunteers from claims arising from any injury to my child. I acknowledge that I must provide primary insurance coverage which is required to participate in the program..*

PARENT SIGNATURE _____ DATE _____

Insurance Plan _____ Account # _____

Administrative Use:

AMOUNT PAID _____ CHECK NUMBER _____

