

Pine Bush Youth Wrestling
**** SUBMIT THIS FORM TO THE REGISTRAR ****
Form MUST be handed in at the first practice.

PARENT(S)/GUARDIAN(S):

LAST: _____ FIRST: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

(NOTIFICATIONS & NEWSLETTERS WILL BE SENT VIA E-MAIL)

Wrestler # 1

LAST

NAME _____ FIRST _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX: M F ☐ USAW ☐ NYWAY

Membership # _____

Wrestler # 2

LAST

NAME _____ FIRST _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX: M F ☐ USAW ☐ NYWAY

Membership # _____

HEALTH INSURANCE COMPANY NAME: _____ Plan # _____

Name of Primary Insurance Holder: _____

I HAVE READ THROUGH THE PACKET AND AGREE TO THE RULES AND REGULATIONS OF THE PINE BUSH YOUTH WRESTLING CLUB. THE ABOVE WRESTLER(S) HAVE MY PERMISSION TO JOIN THE PINE BUSH YOUTH WRESTLING CLUB AND PARTICIPATE IN THEIR ACTIVITIES. I ASSUME FULL RESPONSIBILITY FOR ANY INJURIES WHILE PARTICIPATING AND OR TRAVELING TO OR FROM AN EVENT. I WILL NOT HOLD PINE BUSH YOUTH WRESTLING CLUB, ITS REPRESENTATIVES, COACHES, REFERESS, OR THE PINE BUSH SCHOOL DISTRICT LIABLE FOR INJURIES OR LOSSES SUSTAINED WHILE PARTICIPATING IN, OR TRAVELING TO OR FROM PRACTICE OR ANY TOURNAMENTS.

DATE: _____

PARENT OR GUARDIAN SIGNATURE

PHOTO RELEASE:

From time to time team photos are posted to the team website, displayed on the team bulletin board or printed for team brochures or thank you's. This year, we are planning to put together a photo slideshow/DVD to include pictures throughout the season. In the event that we use your child(ren)'s photograph, we need your permission. Please sign below indicating whether or not we may use your child(ren)'s photograph.

No, Do not use my child(ren)'s photograph.

Please Circle the choices below: Yes, my child(ren)'s photograph may be used for:

Slideshow\DVD Website Brochures Team Bulletin Board

DATE: _____