

VERONA JUNIOR WRESTLING



2017 Wrestling Registration

1st – 8th Grade Verona Residents

FEE: \$125.00 (\$115.00 for each additional sibling)

Registration with USA Wrestling NOT included.

<http://www.usawmembership.com>

Includes: Shirt, sweatshirt and bag

*******Checks payable to: Verona Jr. Wrestling*******

Practices will begin in late November and matches will begin in December or January. Wrestlers are matched by age, weight and experience. For additional information please contact Mike at mstockelberg@yahoo.com or 732-546-5431 or Bob Socci at bsocci@comcast.net

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Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parents' Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (HOME & CELL) \_\_\_\_\_

Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency Contact Name / Number \_\_\_\_\_

Apparel size \_\_\_\_\_

Can you volunteer? Please check areas of interest and we will contact you if needed.

Administration \_\_\_ Fundraising \_\_\_ Photos \_\_\_ Website \_\_\_ Coaching \_\_\_

I hereby give permission for my child to participate in this program. I will not hold Verona Junior Wrestling or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a match. I also authorize VJW personnel/coaches to contact appropriate emergency personnel, should by child need treatment in my absence.

Physician's Name \_\_\_\_\_ Physician Phone No. \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies/conditions \_\_\_\_\_

Signed (parent or guardian) \_\_\_\_\_

\$125.00 \_\_\_ paid \_\_\_ cash/check \$115.00 for each additional sibling