

# VERONA JUNIOR WRESTLING



## 2017- 2018 Wrestling Registration

1<sup>st</sup> – 8<sup>th</sup> Grade Verona Students

October 15 & 29 12-3PM Freedom Field by the Snack Bar  
October 14- 11AM-1PM Verona Community Center Lobby

FEE: \$135.00 (\$125.00 for each additional sibling)  
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 Bob at bsocci@comcast.net

## 2017- 18 Wrestling Registration

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Parents' Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone (HOME & CELL) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ e-mail \_\_\_\_\_  
Emergency Contact Name / Number \_\_\_\_\_

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

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

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) \_\_\_\_\_

\$135.00 \_\_\_\_\_ paid \_\_\_\_\_ cash/check \$125.00 for each additional sibling