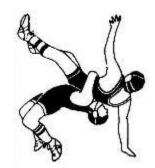
VERONA JUNIOR WRESTLING



2017- 2018 Wrestling Registration

1st - 8th 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	Gra	ade	_ School
Parents' Name	Ac	ddress	
Phone (HOME & CELL)			
Birthdate Wei	ghte-mai		
Emergency Contact Name /	Number		
Apparel size			
Please volunteer? Please check Administration Fundraisir			
I hereby give permission for my of Wrestling or any of their represer playing or practicing. My child is providing an emergency number authorize VJW personnel/coachetreatment in my absence.	ntatives responsible for in good health and able should I not be present	any loss or injury e to participate wi while my child is	/ incurred by my child while ithout restriction. I am at practice or a match. I also
Physician's Name		Physi	ician Phone No
Preferred Hospital			
Allergies/conditions Signed (parent or guardian)			
\$135.00 paid cas	h/check \$125.00 for	each additiona	al sibling