

EAST PENN YOUTH WRESTLING ASSOCIATION

Please print clearly YEAR 20_____

PLAYER 1 NAME	LAST _____	FIRST _____				SEX M - F
WRESTLING (APPROX. WEIGHT _____ LBS.)		AGE	GRADE	BIRTHDATE (month, day, year)	SCHOOL ATTENDING	
PLAYER 2 NAME	LAST _____	FIRST _____				SEX M - F
WRESTLING (APPROX. WEIGHT _____ LBS.)		AGE	GRADE	BIRTHDATE (month, day, year)	SCHOOL ATTENDING	
PLAYER 3 NAME	LAST _____	FIRST _____				SEX M - F
WRESTLING (APPROX. WEIGHT _____ LBS.)		AGE	GRADE	BIRTHDATE (month, day, year)	SCHOOL ATTENDING	
ADDRESS: STREET ADDRESS _____						
CITY, STATE, ZIP _____				EMAIL: _____		
HOME PHONE: () _____			ALT. CONTACT: NAME: _____ () _____			
COMMUNITY: TOWNSHIP/ VILLAGE/ NEIGHBORHOOD _____			SCHOOL DISTRICT OF RESIDENCY _____			
<input type="checkbox"/> FATHER or <input type="checkbox"/> GUARDIAN'S NAME (first, last) _____ <input type="checkbox"/> WORK or <input type="checkbox"/> CELL () _____			<input type="checkbox"/> MOTHER or <input type="checkbox"/> GUARDIAN'S NAME (first, last) _____ <input type="checkbox"/> WORK or <input type="checkbox"/> CELL () _____			
OTHER ADDRESS PARENT / GUARDIAN CONTACT INFORMATION SHEET ATTACHED						

I/We, the parents or guardians of the above named player, give my/our consent to his/her participation in all team and EPYWA activities during the current season and will abide by the association and league rules and regulations governing that sport.

I/We assume all risks and hazards incident to such participation including, but not limited to financial responsibility for any medical expenses, in the event of injury or illness of any kind due to participation in EPYWA activities.

I/We hereby waive, release, absolve, indemnify, and agree to hold harmless, the EPYWA or its successor, its officers, directors, members, coaches, participants, sponsors and persons transporting the above named player to or from EPYWA activities, from any claim, whether derivative or otherwise.

I/We agree to provide medical insurance coverage for my child while my child participates in EPYWA activities.

I/We agree to allow EPYWA to photograph or videotape my child or me/us during participation for promotional or any other non-commercial purpose.

I/We consent to release such photographs or videotapes to the EPYWA for immediate or future use.

I/We agree to return, upon request, the uniform and other equipment issued to our child in good, clean condition or pay replacement costs for uniform not returned at designated time at end of season.

I/We furnish a certificate of birth of our child upon request.

I/We understand that before, during, or after games or matches, no one is permitted to harass, argue with, or otherwise interfere with players, coaches, or officials, either in or off the playing area.

Sports Participation Fee: 1st Child \$60 _____
 2nd Child \$40 _____
 3rd Child \$20 _____

Uniform Fee: _____

Total \$ _____

**Payment plan available if needed.
Please see treasurer or program coordinator.**

MAKE CHECK PAYABLE TO: EPYWA
 ___ CASH ___ CHECK # _____
ALL FEES MUST BE PAID AT TIME OF REGISTRATION
RETURNED CHECKS SUBJECT TO FEE

X _____
 Parent/Guardian Signature

Date _____

EPYWA REP. INITIALS _____