

**2009 - 2010**  
**Warrior Youth Wrestling Club**  
Registration

PLEASE PRINT

WRESTLER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CURRENT SCHOOL GRADE K 1 2 3 4 5 6

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE AS OF 01/01/2010 5 6 7 8 9 10 11 12 13

\_\_\_\_ BANTAM (5&6) \_\_\_\_ MIDGET (7&8) \_\_\_\_ JUNIOR (9&10) \_\_\_\_ INTERMEDIATE (11, 12 & 13)

WEIGHT \_\_ YEARS of EXPERIENCE \_\_ T-SHIRT SIZE: YS YM YL AS AM AL AXL AXXL

CIRCLE the size of the shirt

Warrior Youth Wrestling Club is a 100% volunteer organization. We require parental involvement for the success of program. Therefore, please circle two or more areas where you would be able to help. Your assistance in club activities is needed and welcomed.

\_\_\_\_ BANQUET COMMITTEE \_\_\_\_ CONCESSIONS (Home Match)

\_\_\_\_ MAT MOVERS 18 people needed (we will need for Home match, MAWA Tournament )

As Parent/Legal Guardian of \_\_\_\_\_, I/We agree that participation in the Warrior Youth Wrestling Club program is at our own risk and I/We will not in any way hold liable the Warrior Youth Wrestling Club, their Officers, Program Directors, Coaches, Sponsors, Referees, the York County Youth Wrestling League, or the Southern York County School District for any injuries and/or loss of property suffered directly or indirectly in training for, traveling to or from, and participating in the Warrior Youth Wrestling Club Program.

PARENT'S NAMES

MOTHER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FATHER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL ADDRESS # 1 \_\_\_\_\_

E-MAIL ADDRESS # 2 \_\_\_\_\_

I agree to pay (Check one): \_\_\_\_ \$65.00 plus Sell 8 Items of Gianni's Fundraising

\_\_\_\_ \$95.00 Not Participating In Gianni's

METHOD OF PAYMENT: CASH or CHECK NUMBER \_\_\_\_\_ (please circle one)

PAYMENT RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

Birth Certificate Received: Yes or No