

2010-2011 Jr. High Wrestling Sign-Up

Western Hills Wrestling Club 7th and 8th Grade.

Practice will be Tuesdays and Thursdays 3:30pm to 5:30pm. If you do not wish go home after school, report to the Mat Room directly after dismissal.

You must be there by 2:30 pm and bring your homework with you.

Wrestler's Name:

Date of Birth: Grade: School:

T-Shirt Size: YS YM YL AS AM AL XL Shorts Size: YS YM YL AS AM AL XL

Parent/Guardian Name:

Home Phone: Cell: Work:

Address: Zip:

Email Address:

Parent/Guardian Name:

Home Phone: Cell: Work:

Address: Zip:

Email Address:

Emergency Contact (other than parent/guardian)

Name:

Home Phone: Cell: Work:

I will allow photographs of my child at wrestling events to be pictured on the www.westernhillswrestling.com website (initial if allowed):

We hereby authorize my child to participate in the wrestling program offered by Western Hills Wrestling Club (WHWC). I understand that wrestling is a contact sport and as such, injuries may occur from time to time. I hereby agree that WHWC and their members, coaches or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of WHWC, its members, coaches, officers or designates of any kind from any claim whatsoever.

Parent/Guardian Signature: Date:

To be completed by Western Hills Wrestling Club:

Wt: Paid: Amount Check: Amount Cash:

2009-2010 Youth Wrestling Sign-Up

Western Hills Wrestling Club 7th and 8th Grade Fee: \$45.00
Practice Starts Nov 4th & will be Tuesdays and Thursdays 6:15pm to 8:00pm

Wrestler's Name:

Date of Birth: Grade: School:

T-Shirt Size: YS YM YL AS AM AL XL Shorts Size: YS YM YL AS AM AL XL

Parent/Guardian Name:

Home Phone: Cell: Work:

Address: Zip:

Email Address:

Parent/Guardian Name:

Home Phone: Cell: Work:

Address: Zip:

Email Address:

Emergency Contact (other than parent/guardian)

Name:

Home Phone: Cell: Work:

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