

# The FS9 WRESTLING CLUB

at Hum'nbirds Baseball facility /Lone Wolf Cross Fit 688 Route 17K, Montgomery, NY

## REGISTRATION FORM

Name: **(Please Print)** \_\_\_\_\_ Grade \_\_\_\_\_

Name of High School District: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent: E-Mail address: \_\_\_\_\_

Wrestlers Cell Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Wrestlers Home Phone: \_\_\_\_\_

Circle: Mom or Dad

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Youth: S M L  
T-Shirt Size: Adult: S M L XL 2XL

Parent/Guardian Name: \_\_\_\_\_

Address and Phone (if Different): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Physical disabilities or problems (please list): \_\_\_\_\_

### **EMERGENCY INFO:**

In case of emergency we will call the above numbers. If they cannot be reached: Name to Call:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of family doctor:

\_\_\_\_\_

Any Medications:

\_\_\_\_\_

For office use only:  Cash

Check Ck# \_\_\_\_\_



Proof of NYWAY membership

Initials

verified on date: \_\_\_\_\_

**FEES:** Checks\* made payable to:

### **FRIENDS OF S9 WRESTLING**

**\*If your check is returned for insufficient funds your membership will be suspended.**

### **ANNUAL MEMBERSHIP \$475**

**(covers all 117 sessions: 4/6/15-10/29/15)**

Hand deliver to your first session or:

Mail to: **FS9 Wrestling Club**

17 Cardinal Ct.

Newburgh, NY 12550

Please note: **NYWAY membership is required** on an annual basis. You must show current proof of NYWAY membership to be able to participate at any session. Go to **NYWAY.org** to register.

**THIS OFFSEASON ...**

# **LET'S ROLL ..... TOGETHER**