

# The FS9 WRESTLING CLUB

at Local 17 Union Hall Gym- 451 Little Britain Road, Newburgh, 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: \_\_\_\_\_ Circle: Mom or Dad

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

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



Initials

Proof of NYWAY membership 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.

**\$15 per session fee** or

**ANNUAL MEMBERSHIP \$275**

**(includes Club T-Shirt)** equates to \$4.58 Per session  
(covers all 60 sessions: **4/4/16-10/26/16**)

Full Payment or  
 2 Installments: \$175 at first session,  
\$100 on/or before 10<sup>th</sup> session

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 ... every Monday and Wed or Thursday: 6-7:30**

# LET'S ROLL ..... TOGETHER

**For more info contact:** Coach Jeff Cuiilty **845-591-1498** JeffCuiilty@GMail.com

# FRIENDS OF SECTION 9 WRESTLING CLUB

## MEDICAL WAIVER

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- I give my child permission to attend and participate in the 2016 Friends of Section 9 Wrestling Club at the facility at Local 17 Union Hall Gym on 451 Little Britain Road, Newburgh, NY: beginning on Monday April 4<sup>th</sup> and concluding Wednesday, October 26<sup>th</sup>.
- I understand that their participation in this event involves risks and dangers that could result in serious bodily injury.
- I also understand that the Friends of Section 9 Wrestling Club and its staff as well as the facility at Local 17 Union Hall, Newburgh will not assume any responsibility for any accidents, medical or dental or any other expenses incurred as a result of this event.
- I verify that my child has medical insurance and that a physician has determined that they are physically able to participate in the 2016 Friends of Section 9 Wrestling Club.
- I verify that my child has a current NYWAY membership in effect thru the end of the club. (Memberships are available at NYWAY.org)
- In the event of an injury I agree to allow my child to be transported by ambulance to a local hospital. (In the event of an injury, the club staff will make reasonable effort to contact the parent or person listed as the Emergency contact to make them aware of the injury).

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Signature of Parent or Guardian

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Date