

The FS9 WRESTLING CLUB

at Highland Middle School – 71 Main Street, Highland NY 12528

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: _____

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: _____

THIS OFFSEASON ...

every Tuesday and Thursday

LET'S ROLL TOGETHER

For more info contact: Coach Jeff Culty 845-591-1498 JeffCulty@GMail.com

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

FAMILY MEMBERSHIP \$150

Covers 26 sessions: Tuesday & Thursday nights

From: **4/3/18-6/28/18 6-7:30 pm**

As 26 Single sessions @ \$15 = \$390

you save \$240 by signing up for Family Membership

Hand deliver to your first session or: Mail to

: **FS9 Wrestling Club** C/O Jeff Culty

6 Pond Circle

Forestdale, MA 02644

Note: Current Seniors & Grads who placed Top 4 at Sections, and Returning S9 finalists are FREE!

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.

FRIENDS OF SECTION 9 WRESTLING CLUB

MEDICAL WAIVER

- By signing below, I give my child permission to attend and participate in the 2018 Friends of Section 9 Wrestling Club at Highland Middle School. 71 Main Street, Highland, NY: beginning on Tuesday April 3rd and concluding Thursday June 28th.
- By signing below, I understand that their participation in this event involves risks and dangers that could result in serious bodily injury.
- By signing below, I also understand that the Friends of Section 9 Club and its staff as well as the facility at Highland Middle School. 71 Main Street, Highland, NY will not assume any responsibility for any accidents, medical or dental or any other expenses incurred as a result of this event.
- By signing below, I verify that my child has medical insurance and that a physician has determined that they are physically able to participate in the 2018 Friends of Section 9 Wrestling Club.
- By signing below, I verify that my child has a current NYWAY membership in effect thru the end of the club. (Memberships are available at NWAY.org)
- By signing below, 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).

Signature of Parent or Guardian

Date