

# The FS9 WRESTLING CLUB

at Newburgh North Campus, 301 Robinson Ave (Route 9W), Newburgh NY 12550  
at Highland High School, 320 Pancake Hollow Road, 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  
Monday, Tuesday and Thursday**

**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 34 sessions: Mon, Tues & Thurs nights

From: **3/19/19-6/13/19 6-7:30 pm**

As 34 Single sessions @ \$15 = \$510 .....

you save \$360 by signing up for Family Membership

Hand deliver to your first session or: Mail to

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

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.

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

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

# FRIENDS OF SECTION 9 WRESTLING CLUB

## MEDICAL WAIVER

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- **By signing below, I give my child permission to attend and participate in the 2019 Friends of Section 9 Wrestling Club at Highland High School, 320 Pancake Hollow Road, Highland, NY, and Newburgh North Campus 301 Robinson Avenue, Newburgh, NY: beginning on Tuesday March 19<sup>h</sup> and concluding Thursday June 13<sup>th</sup>.**
- **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 High School, 320 Pancake Hollow Road, Highland, NY and Newburgh North Campus 301 Robinson Avenue, Newburgh, 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 2019 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](http://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).**

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Signature of Parent or Guardian

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Date