

Madeira Youth Wrestling Club Registration Form

2018 – 2019

The Madeira Youth Wrestling Club is open to Madeira students from grades 1 – 6. Registration and our first practice will be on Thursday November 8, 2018 at 6:30pm in the Madeira Middle School Cafeteria. Practices are Tuesday and Thursday nights from 6:30 – 8:00pm in the MMS cafeteria. Dress for practice is athletic shorts, t-shirt and wrestling shoes (no zippers or buttons!) Tournaments are generally held on Sundays from mid-November to late-January. No prior experience is necessary and participation in tournaments is optional. Registration Form and fee (\$75 per wrestler, payable to Madeira Youth Wrestling) can be submitted at our first practice on 11/8/18.

If you have any questions, please contact either coach: Jason Maney (237.3105) or Brandon Opichka (708.1962)

Wrestler Information:

First Name:	Last Name:
Date of Birth:	Age / Grade:
Approximate Weight:	Years of wrestling experience:
Shirt Size: YS YM YL AS AM AL	Shorts Size: YS YM YL AS AM AL

Additional Wrestler:

First Name:	Last Name:
Date of Birth:	Age / Grade:
Approximate Weight:	Years of wrestling experience:
Shirt Size: YS YM YL AS AM AL	Shorts Size: YS YM YL AS AM AL

Family Information:

Father's / Guardian's Name:	Father's Cell/Work Phone:
Mother's / Guardian's Name:	Mother's Cell/Work Phone:
Father's / Guardian's Email:	
Mother's / Guardian's Email:	
Street Address, City, State, Zip:	
Home Phone:	Family Wrestling Experience: (did Father wrestle in school?)

I (We) hereby agree that the Madeira Youth Wrestling Club, its members, coaches, officers, designates, parent and other volunteers 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 the Madeira Youth Wrestling Club, and I (we) agree to indemnify and to hold harmless the Madeira Youth Wrestling Club, its members, coaches, officers, designates, parent and other volunteers of any kind from any claim whatsoever. I (we) further certify that the above information is accurate.

Signature of Parent _____
(or Legal Guardian)

Date _____

Registrar Use Only	
Paid	
Amount	
Check # / Cash	