

2022-2023 CLAYTON/GLASSBORO JR. WRESTLING "Clip-Dawgs" REGISTRATION

Clayton/Glassboro Jr. Wrestling is for kids ages 5 to 12 years old. Youth Wrestling is a great sport that allows you to compete against other kids of equal weight and age. Challenge yourself to work hard, learn up to date techniques and fundamentals from a qualified and dedicated coaching staff. Come on out and challenge yourself to be your BEST! **No matter how big or small...There's a place for you!**

HIGHLIGHTS PLANNED FOR THE SEASON

DIVISIONS

5 to 6 yrs. old – TOTS

7 to 8 yrs. old – BANTAMS

9 to 10 yrs. old – MIDGETS

11 to 12 yrs. old – JUNIORS

*Regularly Scheduled Matches

* Tournaments

*Great time with winning team

OUR GOALS ARE TO PROMOTE

***SPORTSMANSHIP**

***SELF ESTEEM**

***PRIDE**

***RESPECT**

***LEADERSHIP**

DATES FOR REGISTRATION

Starting October 19th until December 28th (Wednesdays only)

6:30 to 7.30p.m.

CLAYTON HIGH SCHOOL – ENTER OFF OF HOWARD STREET

COST: SINGLE=\$65.00 TWO=\$95.00 FAMILY=\$125.00(SAME RESIDENCE)

TO ALL PARENTS: We need your help! Come on out and learn the sport with your child. We appreciate any support that you can provide.

CONTACT: TONY PROSPERI 856-803-8162 OR KEVIN SKIDMORE 856-906-6905

REGISTRATION FORM ON OTHER SIDE

CLAYTON/GLASSBORO "CLIP-DAWGS" JR. WRESTLING

REGISTRATION FORM

2022-2023

Registration Fee: \$65.00

Registration Date: _____

Name: _____ D.O.B. _____ Age _____

Address: _____

Telephone #: _____ cell# _____

I hereby give my permission for any medical attention necessary to be administered to my child (Name) _____ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until I may be contacted. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of such treatment.

Parent/Guardian Name _____

Address _____

Phone _____ Cell _____ Work _____

Email address: _____

Insurance Co: _____ Policy#: _____

ID# _____

If I cannot be reached, any of the following are designated to act on my behalf:

Name: _____ Phone: _____

Name _____ Phone: _____

Physician: _____ Phone _____

Address: _____

Known Allergies: _____ Inhaler? YES _____ NO _____

Parent/Guardian Signature _____ Date: _____