

2018-2019 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

\*Trophies for ALL Participants

\*Great Time with Winning team

**OUR GOALS ARE TO PROMOTE**

**\*SPORTSMANSHIP**

**\*SELF ESTEEM**

**\*PRIDE**

**\*RESPECT**

**\*LEADERSHIP**

DATES FOR REGISTRATION

Starting September 26<sup>th</sup> until December 19<sup>th</sup> (Wednesdays only)

6:30 – 8:00 p.m.

CLAYTON HIGH SCHOOL – ENTER OFF OF HOWARD STREET

**COST:** SINGLE=\$60.00 TWO=\$90.00 FAMILY=\$120.00(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

2018-2019

Registration Fee: \$60.00

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 \_\_\_\_\_

Hood Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_