



WRESTLING REGISTRATION FORM – 2011-2012 SEASON

\$130.00 per Wrestler/ \$210.00 Family Maximum

Open to all Boonton Township and Mountain Lakes children in grades 1st - 8th

Practices will begin November 28th.

<http://www.jrlakerwrestling.com>

Registration:

1. Complete one Registration Form for each child within your family.
2. Mail this completed form and check (Payable to Boonton Township Recreation Dept) to: BTMLWrestling, Boonton Township Recreation Dept, 155 Powerville Road, Boonton Township, NJ 07005

Attire:

Singlets, T-Shirts & Sweatshirts will be provided for all wrestlers and are **included** in fees.

All Wrestlers are required to wear wrestling shoes and headgear.

T-Shirt/Sweatshirt Size: _____ YS, YM, YL, (Adult) S, M, L

Wrestler's Information:

Last Name _____ FirstName: _____

DOB _____ Grade _____ School _____

Any prior wrestling experience? _____ If yes, how many years? _____

Contact Information:

Parents'/Guardians' Name(s) _____

Address _____

Home Phone # _____

Mother's Cell # _____ Father's Cell# _____

Emergency Contact Name _____ Emergency Contact Phone# _____

Primary Email _____

Alternate Email _____ **** We will communicate actual program start dates/times, schedules, locations and other important information via email.**

Medical Information: (please use back of form, if more room is needed)

Health History (Check): ___ Diabetes ___ Convulsions ___ Heart Disease ___ Asthma

___ Fainting ___ Allergies ___ Other (please specify on back of form)

In the last 12 months has your child had any serious injury or illness? (Circle one) Yes No

Is your child allergic to any medications or have any allergic reactions? (Circle one) Yes No

Date of Last physical: / / Is your child under a physician's care? (Circle one) Yes No

Parental/Guardian Permission

I, the parent/guardian of the above named wrestler, hereby give my approval for his/her participation in all Boonton Township Recreation Department activities and assume all risks and hazard incidental to such participation, including medical treatment, and hereby agree to waive release, indemnify and to hold harmless the Boonton Township Recreation Department and its officers, coaches, sponsors, and other participants from liability, damage or claim, whether the result of negligence or other cause, except to the extent and in the amount covered by medical insurance obtained for and on behalf of the Boonton Township Recreation Department.

Parent/Guardian Signature _____

I hereby give my permission for photos of my child to be used on the team website.

Parent/Guardian Signature _____

Questions: email - jrlakrwrestling@optonline.net

e-mail: jrlakrwrestling@optonline.net

Web: www.jrlakerwrestling.com