

Hempfield Area Junior Wrestling Registration



When: Now through November 8, 2018

How: By mailing completed registration form along with payment, insurance fee, singlet check and COPY of birth certificate to:

HAJW c/o Brandi King
505 Culloden Court
Greensburg, Pa 15601

- ** registration fee \$50 per wrestler \$75 per family (check to HAJW along with insurance)**
- ** Insurance is \$20 fee per wrestler**
- ** Singlet check should be separate and post dated for April, 1 2019 for \$65 (will only be cashed if singlet is not returned)**

Questions: Brandi King, Jbk51599@comcast.net 724-309-6033

Hempfield Area Junior Wrestling (HAJW)

2017-2018 Registration Form

\$50 one time yearly fee or \$75 one time if you have more than one wrestler – all checks made payable to HAJW

WRESTLER #1 NAME							Any Allergies? (specify)		
							# Years Hempfield Wrestling Experience		
DATE OF BIRTH		SHIRT SIZE	YS	YM	YL	AS	# Years other Wrestling Experience		
			AM	AL	AXL	AXXL			
NAME OF SCHOOL				BIRTH CERT	YES	Approximate Weight			
					NO				lbs
FULL ADDRESS									

WRESTLER #2 NAME							Any Allergies? (specify)		
							# Years Hempfield Wrestling Experience		
DATE OF BIRTH		SHIRT SIZE	YS	YM	YL	AS	# Years other Wrestling Experience		
			AM	AL	AXL	AXXL			
NAME OF SCHOOL				BIRTH CERT	YES	Approximate Weight			
					NO				lbs
FULL ADDRESS									

FATHER/ GUARDIAN NAME						CELL PHONE Accept texts Y / N		
						HOME PHONE		
						EMAIL		
ADDRESS								
MOTHER/ GUARDIAN NAME						CELL PHONE Accet texts Y / N		
						HOME PHONE		
						EMAIL		
ADDRESS								

The undersigned parent/guardian represents that the wrestler is in good health and can participate in competitive wrestling during the 2017-2018 season. Also, with prior knowledge of the physical nature of wrestling, releases Hempfield Area Junior Wrestling (HAJW), Hempfield Area School District and the coaches from any and all responsibilities for injury to the wrestler while he/she is participating in the wrestling room. Neither HAJW nor Hempfield Area School District carries any type of insurance on the wrestlers. It is the responsibility of the parent/guardian to cover any and all cost due to injury. If you do not have insurance it is advised that you obtain a policy. In addition, the undersigned parent/guardian of the above named child hereby gives approval for the child's participation in any and all activities relating to HAJW during the 2017-2018 season. And hereby waives, releases, dissolves, indemnify, and agree to hold harmless the sponsors, coaching staff, organizers, or participants in transporting the child to and from activities, for any claim and/or expenses for defending any claim arising out of any injury to the child. As the parent/guardian, I/We will furnish a certified birth certificate of the above named child upon request of any official. I/We also understand that all fundraisers are mandatory. I/We do also agree that any check that is written to HAJW that is returned for NSF will have to be paid for in cash for that full amount of the check and \$50.00 for processing fees. I/We will only be able to pay in cash for all transactions made to HAJW from that point. If that money is not paid within a week of notice my/our child/children will not be able to participate in any HAJW functions including practices.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TOTAL _____ TOTAL PAID _____ CASH _____ OR CHECK NUMBER _____ SINGLET DEP CHECK # _____