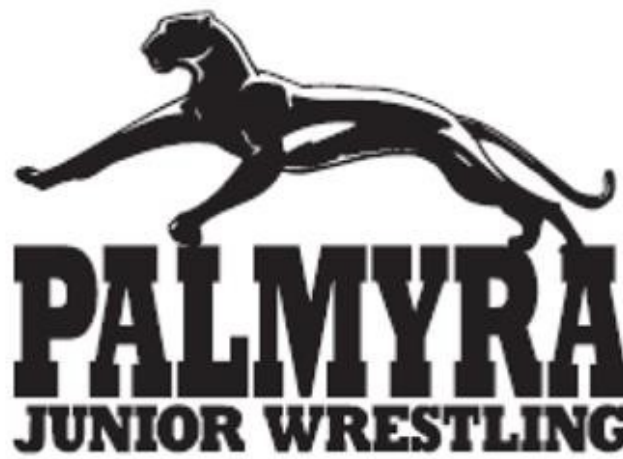


**Discipline
Confidence
Fitness
Strength**



**Fun
Toughness
Teamwork
Focus**

Our coaching staff is committed to teaching the sport of scholastic wrestling to boys and girls ages 5-14, from beginner to advanced.

Wrestlers are organized according to age, weight and skill level. Our coaches teach the fundamentals and techniques of wrestling while keeping the sport fun and exciting for everyone.

First practice is Monday, December 2, 2019

Call our head coach with any questions: Stan Young (609) 332-4265

WRESTLING SIGN-UPS

Tuesday, October 15th from 6-7:30pm at Milanese in Riverton

Wednesday, October 23rd from 6-7:30pm at Nick's Express in Palmyra

FREE slice for each child registering

Registration fee: \$75.00 per wrestler, \$60.00 each additional wrestler in family, due with registration

Registration closes on December 12th.

Palmyra Junior Wrestling Registration Form 2019

Wrestler's name _____ Date of birth _____

Wrestler's approximate weight _____ Age as of 12/31/2019 _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's name(s) _____ Email _____

Insurance Company _____ Effective date _____ Policy # _____

Emergency contact name/phone number _____

Registration Fee: \$75 for 1, \$60 each additional wrestler *in family*. Cash/Check # _____ Received by _____

Register in person, or mail registration to: Palmyra Junior Wrestling, P.O. Box 314, Palmyra, NJ 08065

***A \$25 singlet deposit must be received with registration form and payment.**

Please make this a separate check that will be held until the singlet is returned – in good condition – at the end of the season.

_____ has my permission to participate in all Palmyra Junior Wrestling activities. I assume all risks and hazards incidental to such participation including transportation to and from any and all related activities; and I do hereby waive, release and absolve, indemnify and agree to hold harmless Palmyra Junior Wrestling coaches and volunteers. I also authorize and give permission to the staff of Palmyra Junior Wrestling to act in my behalf in obtaining medical care in the event of an accident or illness requiring professional medical care. I fully understand the above agreement and will not hold Palmyra Junior Wrestling staff responsible for any actions taken by them in obtaining the best medical care possible for my child.

Parent/Guardian's signature _____ Date _____