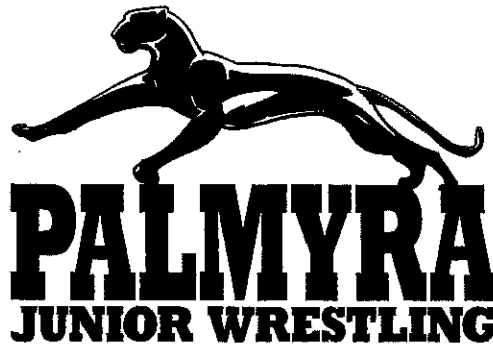


**Discipline
Confidence
Fitness
Strength**



**Fun
Toughness
Teamwork
Focus**

Our coaching staff is committed to teaching the sport of scholastic wrestling to wrestlers 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, November 30, 2015.

Call our head coach with any questions: Scott Warnock (856) 829-0626

WRESTLING SIGN-UPS

Tuesday, October 20 from 6:00-8:00 P.M. at Milanese in Riverton

Thursday, November 5 from 6:00-8:00 P.M. at Manny's 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 7, 2015.

Palmyra Junior Wrestling Registration Form 2015-2016 (Please write clearly)

Wrestler's name _____ Date of birth _____

Wrestler's approximate weight _____ Age as of 12/31/2015 _____ Phone _____

Address _____ City _____ State _____ Zip _____

Parent/guardian's name(s) _____ E-mail _____

Insurance company _____ Effective date _____ Insurance policy # _____

Emergency contact name/phone number _____

Registration Fee: \$75.00 for 1, \$60.00 each additional wrestler *in family*. Cash/Check # _____ Received by _____

Register in person, on line (www.thewrestlingmat.com), or by mail 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 at the end of the wrestling 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 the 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 _____