

**UPPER MERION YOUTH
WRESTLING ASSOCIATION
2009/2010 REGISTRATION FORM**

WRESTLERS 5 -12 YEARS OLD

CLINIC CONSISTING OF 6 SESSIONS WILL BE HELD ON TUESDAYS AND THURSDAYS, STARTING ON OCTOBER 13th AND ENDING ON OCTOBER 29th - 6:00pm – 7:30pm

SEASON PRACTICES ARE HELD ON TUESDAYS AND THURSDAYS, STARTING NOVEMBER 5TH AND ENDING IN MARCH.

Registration Fee: First child \$60, second child \$40, no fee for any additional children. The clinic fee will be \$25 per wrestler. If the wrestler continues into the season after November 5th, the \$25 clinic fee will be applied towards the registration. No Refunds will be issued after November 5th. Make checks payable to UMYWA.

Mail To: UMYWA, c/o Ted Pruskowski, 518 E. Rambo Street, Bridgeport, PA 19405 OR In-Person: Tuesday, October 13th, Thursday, October 15th, Tuesday, October 20th or Thursday, October 22nd from 6:00pm to 7:30pm at the Upper Merion Middle School. First practice will be Thursday, November 5th from 6:00pm to 7:30pm at the Upper Merion Middle School.

Questions: Ted Pruskowski – (610)279-0993 or Email: TedPruskowski@comcast.net
UMYWA Hotline: 866-567-4201 <http://www.umyouthwrestling.org/>

*** PLEASE PRINT CLEARLY - ONE FORM PER REGISTRANT ***

Child's Name: _____ Birth Date: _____

Address: _____, _____, PA 19 _____

Home Phone: _____ Parent E-Mail: _____

WRESTLER AGE: _____ YRS. WEIGHT: _____ LBS. SHIRT SIZE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PARENT INTERESTED IN HELPING WITH THE PROGRAM-PLEASE CIRCLE: Y OR N

CLINIC ONLY: _____ FULL REGISTRATION (INCLUDES CLINIC) _____

All participants must be adequately covered by Accident and Health Insurance. It is the parents or guardians responsibility to see that their child is properly covered. In consideration of acceptance of my registration, I hereby waive and release the Upper Merion Youth Wrestling Association, its coaches, members, officers, directors and the Upper Merion School District from any and all claims or right to damages for injuries or losses suffered by child, directly or indirectly, in participation in training for, or traveling to and from, activities of the Upper Merion Wrestling Association. I, the Parent/Guardian of the registered child, am aware that I will be expected to volunteer my services to assist & staff the annual MAWA wrestling tournament scheduled for March 2010 at Upper Merion Senior High School.

Parent/Guardian Signature: _____ Date: _____

FOR LEAGUE USE ONLY:

YEAR OF PARTICIPATION _____

AMOUNT PAID CHECK # _____ / CASH PAID _____