



2011-2012 7-8TH GRADE LEVEL

SPF -PAL WRESTLING - REGISTRATION FORM

As you are aware, budget cuts have eliminated wrestling at the middle school level. To fill the void, SPF PAL has created a 7-8th grade group, which is now in its second year. This level will be instructional while also providing competitive wrestling through an independent league made up of towns primarily from our surrounding area. Practices will be held at Park Middle School 3-4 days a week after school. Matches will most likely be scheduled after school as well. **Registration fee is \$120.00.** Singlet/uniform is provided. Wrestling shoes and headgear are **not provided** but are **required**.

Applications must be received by November 1, 2011.

Please make check payable to SPF PAL WRESTLING and mail check to:

**SPF PAL Wrestling
c/o Jeff Oslislo,
2127 Algonquin Drive,
Scotch Plains, NJ 07076**

Last Name: _____ First Name: _____

School: _____ Grade: ____

Address: _____

Fathers Name: _____ Mothers Name: _____

Email: _____

Wrestlers Date of Birth: _____ Allergies, Limitations: _____

Home Phone: _____ Cell Phone: _____

Years of Experience: _____ Current Weight: _____

PARENTS AUTHORIZATION: I/We, the parents/legal guardians, of the above named student who is a candidate for the activities sponsored by the Scotch Plains-Fanwood PAL wrestling season 2011-2012, hereby give my/our approval to their participation in any and all activities sponsored by the SPF-PAL during the 2011-2012 season. I/We assume all risks and hazards incidental to the conduct of these activities and transportation to and from these activities. I/We, do further release, absolve, indemnify, and hold harmless the SPF-PAL, its organizers, and coaches, any and all of them. In case of injury to my/our child, I/We hereby waive all claims against the SPF-PAL, its organizers, coaches, and any of the supervisors appointed by the SPF-PAL. I/WE likewise release from responsibility any person transporting my/our child to or from the activities sponsored by SPF-PAL.

Signature of Parent or Guardian: _____ Date: _____

If you have any questions feel free to contact Jeff Oslislo at 908-578-1080 or bigozltd@yahoo.com.