

2009-2010

PAL WRESTLING SEASON REGISTRATION FORM

The 2009-2010 wrestling season is about to begin. Open to children from K-6th grade, this is both a competitive and instructional league. SPF is involved in the Central Jersey Wrestling League which is a competitive wrestling team that travels and competes in surrounding towns and has matches and exhibition matches for your child's age, weight, and skill.

The practices are held either at the HS wrestling room or Park Middle School 2-3 nights per week with matches being primarily on the weekends, with some weeknight matches. Cost: \$100 (singlet is provided as well as a t-shirt and shorts) Wrestling Shoes and headgear must be obtained and is required.

APPLICATIONS

Applications must be received by November 20, 2009 to avoid a \$10 late fee. There is a \$25 discount for families registering two or more children. 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. Any questions feel free to call Jeff Oslislo (908)578-1080.

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 2009-2010, hereby give my/our approval to their participation in any and all activities sponsored by the SPF-PAL during the 2009-2010 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 Father or Guardian: _____ Date: _____

Signature of Mother or Guardian: _____ Date: _____