

# 2023/24 Paulsboro Junior Wrestling Registration Form



<u>DIVISION</u>	<u>AGE</u>	<u>PRACTICE DAY</u>	<u>TIME</u>	<u>LOCATION</u>
Tots /Bantams	5-8	Tues., Wed, Thurs	5:15 - 6:30	Mantua Ave Bld.
Midgets	9-10	Monday – Friday	6:30 - 8:00	Mantua Ave Bld
Junior High	11- 14	Monday – Friday	6:30 - 8:00	Mantua Ave Bld.

**\*\*\*\* FIRST DAY OF PRACTICE IS MONDAY, NOVEMBER 20 \*\*\*\***

Register IN PERSON: November 20,21, 2023 5:30 pm ~ 8:00 pm

At: 541 C Mantua Avenue

Paulsboro, NJ 08066

or

Complete Registration form BELOW and MAIL to:

Paul Morina

427 Billings Avenue

Paulsboro, NJ 08066

**\$75 Registration Fee. Additionally, please provide a copy of your child's birth certificate.**

(Make checks payable to: Paulsboro Wrestling Club)

Any questions, please contact Jerry Cosgrove at 856-383-1658 or Paul Morina at 856-498-4629

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Sweat Shirt Size \_\_\_\_\_ Sweat Pant Size \_\_\_\_\_ Singlet Size \_\_\_\_\_

Email: \_\_\_\_\_

**WAIVER OF LIABILITY:** In consideration of this registration being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter acquire to me against Paulsboro Junior Wrestling, the Paulsboro Wrestling facilities, Paulsboro High School, coaches, volunteers, administrators and assigns, for any and all damages which may be sustained or suffered by me in and/or arising out of my traveling to or returning from wrestling activities. Coaches have permission to seek medical attention for my/our child and I grant permission for a physician or other designated agents to provide medical treatment in the event of injury or sickness. Also, as a participant, I will attend practices, matches, meets, tournaments, and other events as scheduled, and will comply with the rules and regulations governing conduct. Failure to do so will result in dismissal. As a parent I assume all financial responsibility for any damages resulting from my child's misconduct.

I, do hereby agree to the above waiver and release.

PARENT/GUARDIAN SIGNATURE:

DATE: