



HARRISBURG DIOCESE YOUTH WRESTLING PROGRAM

Objective:

- To introduce boys in grades K – 6, within the Harrisburg Diocese to the sport of wrestling. Our program teaches the value of teamwork, the reward of individual effort, and the significance of sportsmanship all within the scope of a faith based program.

Faith Principles:

- Incorporate our religious values and beliefs
- Develop the skills necessary to win and lose with grace and dignity
- Teach respect for competitors
- Expand interpersonal skills
- To obtain new friendships with boys from other catholic and public schools
- Create an environment to simply have fun

Wrestling is more than a sport...it's a lifestyle.

**HARRISBURG DIOCESE YOUTH
WRESTLING CLUB
REGISTRATION FORM**

1 Corinthians 16:13

COST: \$80.00 PER WRESTLER (CHECK OR MONEY ORDER ONLY: PAYABLE TO "TEAM NAUMAN").

Wrestler's Information

Wrestler's Name: _____ D.O.B: __/__/____

Address: _____ Age: 5 6 7 8 9 10 11 12

City: _____ Grade: _____

State/Zip: _____ Weight: _____ (Coach only)

This season (2017 /2018) will be my child's (1st 2nd 3rd 4th 5th 6th 7th) Season

School: _____

T-Shirt Size: child small (6-8) child medium (10-12) child large (14-16)

 Adult Small Adult Medium Adult Large Adult XL

Name to Appear on T-Shirt: _____

List Contact Person:

Name: _____ Relationship to Wrestler: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work: ____ - ____ - ____

E-mail: _____

List other Parent/Guardian responsible Person:

Name: _____ Relationship to Wrestler: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work: ____ - ____ - ____

E-mail: _____

Alternative Contact for Emergency:

Name: _____ Relationship to Wrestler: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

Family Doctor/Practice: _____ Phone: ____ - ____ - ____

Hospital Preference: _____

Drug Allergies? No Yes If Yes, _____

Asthma _____ Diabetes _____ Epilepsy _____

List any other medical conditions:

Waiver:

As the parent, guardian and/or responsible person for _____
I, the undersigned, register him/her in the Harrisburg Diocese Youth Wrestling Club (HDYWC) at my own risk and free will. I understand that wrestling is a full contact sport. I further understand that, although not required, a physical examination is strongly recommended. In consideration of registration in the HDYWC, I hereby waive any and all claims and rights for damages that I may have or will have, and hereby release HDYWC, Bishop McDevitt High School, and/or their representatives, successors, and officials, for any or all injuries suffered by the aforementioned child in all activities associated with HDYWC, including, but not limited to, those injuries or losses suffered in training or in traveling to and from practice, special events, activities, or tournaments attended or sponsored by HDYWC.

Parent/Guardian Signature: _____ Date: ____/____/____

CLUB USE ONLY

Registration Fee Received: _____

Singlet Deposit: _____ **(44.00)**

Check #: _____

Check #: _____

Total Amount Received: _____