

Toms River Wrestling Club

Registration Form

www.eteamz.com/trwc

Wrestler's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Emergency Phone: _____

Grade: _____ E-Mail Address: _____

Fathers Name: _____ Home# _____ Cell# _____

Mothers Name: _____ Home # _____ Cell# _____

Wrestling Experience: Circle One: Yes No

If yes: Team Name: _____ Club Name _____

Coaches Name: _____

Does your child have a medical condition the coach should be aware of? _____

If yes, please explain: _____

Novice: \$75.00 Winter Program \$150.00 (Continuing Novice) \$100.00 2nd child & \$50.00 3rd child
Winter Program \$225.00 (Returning Wrestlers) \$175.00 2nd child & 125.00 3rd child

Important:

I, the Parent/Guardian of the registrant, a minor, agree that I and the registrant recognize that Periodic fundraising may be required of all TRWC members and that further, we will abide by the rules of TRWC and its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with wrestling and in consideration for the TRWC accepting the registration for its wrestling program and activities (the program), I hereby release, discharge/or otherwise indemnify the TRWC, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of fields & facilities used by the program against any claim transported to or from the same, which transportation I hereby authorize.

Parent/ Guardian's Name _____ Signature: _____
(please print)

Amount Paid: \$ _____ Date: _____ Method of Payment _____

Circle One: Novice Program Winter Program USA Card # _____