

**CONESTOGA YOUTH WRESTLING ASSOCIATION
2009 – 2010 REGISTRATION**

Name of Wrestler _____ Date of Birth _____
Years Experience _____ Approx Weight _____
School _____ Grade _____
Father's Name _____ Cell # _____
Mother's Name _____ Cell # _____
Street Address _____
City, State, Zip _____
Home Phone # _____
EMAIL(s) _____
(Used as primary source of communication)

Medical Insurance Plan _____
Insurance # _____

The undersigned, on behalf of the minor participant, their self and their spouse, as parent and/or guardian, hereby waives and releases any and all rights and claims for damages which may arise against Conestoga Youth Wrestling Association, its officers, directors, coaches and other volunteers, arising out of participation by the wrestler in the activities of the organization and further agrees to hold harmless the organization, its representatives, successors and assigns from any and all damages from injuries received by the minor while participating in all the activities of the organization.

Parent Guardian Signature: _____

FEES: \$135.00 Registration for K – 6 (\$80.00 each additional family member)
\$65.00 Registration for Grades 7 & 8
(Note: Fee includes a \$20.00 uniform deposit – refundable per family)
NOTE: Discount \$10 per wrestler if post marked by 10-5-2009

Payable to: CONESTOGA YOUTH WRESTLING ASSOCIATION
Mail check to: CYWA
C/O Drew Reindel
315 Dundee Place
Devon, PA 19333

Questions: Contact Drew Reindel at drew@conestogawrestling.com or 610-687-2705
For more information please visit our website: www.conestogawrestling.com