



2009-2010 Central Dauphin Youth Wrestling
Registration and Waiver Form

Wrestler's Information

Wrestler's Name: _____ D.O.B. _____
 Address: _____ Age: _____
 City: _____ Grade: _____
 State/Zip: _____ Weight: _____
 (Officer/coach will enter weight)

This season (**09/10**) will be the child's (1st 2nd 3rd 4th 5th 6th 7th) season.
Circle One

School (**circle**): Paxtonia - West Hanover – Linglestown – Northside - Middle Paxton –
 Mountain View - Linglestown Middle - CD Middle - Other _____

T-Shirt Size (**circle**): child small (6-8) child medium (10-12) child large (14-16)
 Adult Small Adult Medium Adult Large Adult XL

Name to appear on team t-shirt: _____

Contacts

List contact person:

Name: _____ Relationship to Wrestler: _____
 Phone: Home _____ Cell _____ Work _____
 E-mail: _____

List other parent/guardian/responsible person:

Name: _____ Relationship to Wrestler: _____
 Phone: Home _____ Cell _____ Work _____
 E-mail: _____

Alternate contact for cases of emergency:

Name: _____ Relationship to Wrestler: _____
 Phone: Home _____ Cell _____ Work _____
 E-mail: _____

Family Doctor/Practice: _____ phone: _____

Hospital preference: _____

List drug allergies: _____

List any other allergies (e.g., bee stings, dust, etc.): _____

Does your child have ___ asthma, ___ diabetes ___, or ___ epilepsy?

List any other medical conditions: _____

List any medication(s) your child takes regularly: _____

Waiver

As the parent, guardian and/or responsible person for _____, I, the undersigned, register him/her in the Central Dauphin Youth Wrestling Association (CDYWA) at my own risk and of 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 CDYWA, I hereby waive any and all claims and rights for damages that I may have or will have, and hereby release CDYWA, Central Dauphin School District and/or their representatives, successors, and officials, for any or all injuries suffered by the aforementioned child in all activities associated with CDYWA, 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 CDYWA.

Parent Signature: _____ Date: _____

For CDYWA Use Only

Registration Fee Received \$ _____

Cash/Check # _____

Candy/Buy-out Money Received \$ _____

Total Amount Received \$ _____

Singlet: # _____

Headgear # _____