

**OFFICE USE ONLY (do not mark in this box)**

## LITTLE REDSKINS WRESTLING CLUB WRESTLER APPLICATION 2009-2010

Wrestler's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ -E-Mail \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Singlet Size: (circle one below) (weigh-in at registration):

1 Weight	40-60/YS	60-75/YM	75-90/YL	90-110/AXS	110-130/AS	130-155/AM	155-185/AL
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Wrestling Yr (circle): 1st 2nd 3rd 4th \_\_\_\_th T-ShirtSize: \_\_\_\_\_ Age (on 12-31-09): \_\_\_\_\_

\$100 Volunteer/Fundraising Fee:

Paid \_\_\_\_\_ Check # \_\_\_\_\_

- Please note there will be a \$25 returned check fee -

Mother's Name \_\_\_\_\_ Home# \_\_\_\_\_

Work Ph# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

(Must check one)

Practice Coach (\$50) \_\_\_\_\_ Competition Committee \_\_\_\_\_ General Volunteer \_\_\_\_\_

Finance Committee \_\_\_\_\_ Equipment Committee \_\_\_\_\_ Registration Committee \_\_\_\_\_

Media Committee \_\_\_\_\_ Coaches Committee \_\_\_\_\_ Coach shirt Size \_\_\_\_\_

Father's Name \_\_\_\_\_ Home# \_\_\_\_\_

Work Ph# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail \_\_\_\_\_

(Must check one)

Practice Coach (\$50) \_\_\_\_\_ Competition Committee \_\_\_\_\_ General Volunteer \_\_\_\_\_

Finance Committee \_\_\_\_\_ Equipment Committee \_\_\_\_\_ Registration Committee \_\_\_\_\_

Media Committee \_\_\_\_\_ Coaches Committee \_\_\_\_\_ Coaches shirt size \_\_\_\_\_

I, \_\_\_\_\_, understand that US AW registered wrestlers are provided with secondary, non-duplicating medical insurance in the event that my child gets injured during a team sponsored practice or activity. I hereby release Little Redskins Wrestling Club and its volunteers from any liability while my child is under their supervision should any such injury occur.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_