



# ONONDAGA WRESTLING CLUB

## 2024-2025 Registration Form

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent (s) Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

### PARENTS' / LEGAL GUARDIAN CONSENT

I hereby give permission for my child to wrestle in the Onondaga Wrestling Club program. I hereby agree not to hold the Onondaga Wrestling Club or the Onondaga Central School District, its officers, directors, coach's or any other benefactors of the club for any injury, or result of such injury received by my child during practice sessions, scrimmages and travel to events. I certify that my child has recently been examined by a qualified physician and is medically able to wrestle.

**Print Your Name:**

**Parent/Legal Guardian Signature:**

**Date:**

Does your child have any medical conditions which would not prevent him/her from wrestling, but which the Onondaga Mat Wrestling Club should be aware of? If so, please explain below:

Uniform Information (circle): "Wrestlers Only"

Adult Shirt Size:    S    M    L    XL    XXL

Youth Shirt Size:    S (6-8)    M (10-12)    L (14-16)

**Fees:** \$ 50.00 per child, \$ 90.00 cap per family (fees include T-shirt, league tournaments, year end banquet)

**Make Checks Payable to:**        **Onondaga Wrestling Club**

Below to be completed by Onondaga Wrestling Club:

Sign Up Fee: \_\_\_\_\_        Cash: \_\_\_\_\_        Check Number: \_\_\_\_\_

Singlet Size: \_\_\_\_\_        Shoes: \_\_\_\_\_