



Child's Name: _____ Birthdate: _____

Address: _____ City: _____ NJ Zip Code: _____

Mother: _____ Father: _____ Home# _____

Primary Contact Cell Phone: _____ Circle Cell Carrier**: Verzion ATT Sprint Tmobile Other

Email: _____

Twitter ID _____ Facebook page? Yes No Name on Facebook: _____

***Routine communications will occur through text messaging. If you do not have a text messaging plan and will incur additional charges, you must provide an email address that will be checked regularly. If neither option is viable, please speak to Tom for alternate options.*

Age: _____ Weight: _____ T-Shirt Size S M L XL Short Size: S M L XL Child's Current School: _____

I give my child permission to participate in the Highland Junior Wrestling Program. I hereby recognize that Wrestling is a contact sport and that injuries could occur through that contact. I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damage I, or my child, may have against the Highland High School, Highland Junior Wrestling Club, their agents, representatives, officers, coaches and assigns for any and all injuries which may be incurred by me or my child in connection with participation in the Highland Junior Wrestling Program.

Signature

Date

In order to have a successful season for the children, we need parent involvement at the league matches and particularly at our Tournament. You have the option to commit to working 2 hours or paying \$20 to cover paid workers. Please indicate your selection below:

I commit to working two hours to assist the club _____ I've added \$20 to my fee to cover paid workers _____

REGISTRATION- Fee \$75 for 1st wrestler and \$25 for each additional in same household

Payment Type: Check #: _____ Cash: _____ Raffle Ticket Numbers: _____

Fundraiser: This year's fundraiser will be a raffle for a 50" Plasma Panel TV. The raffle tickets are \$1 each and wrestlers are required to sell these and turn in the raffle money no later than December 18th. The tickets must be turned in to be issued a uniform. The raffle requirement is 75 tickets for the first wrestler, and then an additional 50 if two or more wrestler siblings for a maximum of 125 tickets if more than two siblings are in the same household. Wrestlers who choose to sell more than the required tickets will be eligible for a prize. You agree to sell the required number of tickets as part of this registration and turn in the required monies by the due date of December 18th.

Check payments can be mailed to: Highland Junior Wrestling, P.O. Box 1584, Laurel Springs, NJ 08021

PRACTICE TO START WEEK OF NOVEMBER 16, 2009

***No refunds after first week of practice.



Mandatory Parents Meeting

Week of November 15th

Exact date, time and location will be sent in a text message and posted on the website once finalized:

www.highlandwrestling.com

Crucial information for the season will be distributed and discussed.

At least one parent per wrestler is expected to attend or contact Tom or Maria directly if there is a conflict with the meeting.

Tom – 609-617-7962 or Maria – 609-617-1773

If you have wrestling shoes your child does not fit into and would like to donate them, please bring them to this meeting.