

NORTHWESTERN LEHIGH YOUTH WRESTLING 2009-2010

Name: _____

Address: _____

Birth Date: _____ Grade: _____

Weight: _____ Yrs. Exp. _____

(circle)

Parents/Guardians: _____

Address: _____

Home Phone: _____

E-Mail Address: _____

Cell Phone: _____

Emergency Contact: _____

Team T-Shirt Size - Please Circle(these sizes will also be used for end of season gifts)

Youth: small medium large

Adult: small medium large x-large

I hereby declare that I will not in any way, hold liable Northwestern Lehigh School District, Coaches, or Referees, for any injury or losses I might receive directly or indirectly from training, competing or traveling to or from practice or matches.

**Signature
 (Parent/Guardian)**

**Signature
 (Wrestler)**

 The following is a list of committees needed to support our wrestling and cheering programs. Please indicate your 1st, 2nd and 3rd choices of committees you would like to be a part of. **You will only be required to help on one of the committees.**

Concession Stand	_____	Video Tape (at meets)	_____
50/50 Raffle	_____		_____
Banquet & Awards	_____	Fund Raiser	_____
Picture Day	_____	Announcer at Meets	_____
Care of Singlets	_____	Tournament	_____