

MT. OLIVE JUNIOR WRESTLING 2011 - 2012 REGISTRATION

(PLEASE PRINT CLEARLY)

CHILD'S NAME _____ DOB _____ AGE _____

ADDRESS _____

Legal Guardian / DAD _____ MOM _____

SCHOOL _____ GRADE _____ WEIGHT _____

PRIMARY PHONE# _____ ALT PHONE# _____

EMAIL _____

ALT EMAIL _____

PREVIOUS WRESTLING EXPERIENCE: **VAR/JV** _____ years / **CLINIC** _____ years

(PLEASE CIRCLE ONE) SHIRT size: (YS, YM, YL - AS, AM, AL) - other _____

SHORTS size: (YS, YM, YL - AS, AM, AL) - other _____

**Contact John Bienus, 908-310-6076 or
John Camoia, 973-214-8538 for more details**

INFORMED CONSENT

I HEREBY GRANT PERMISSION FOR _____ (CHILD'S NAME) TO PARTICIPATE IN WRESTLING DURING THE ATHLETIC SEASON BEGINNING NOVEMBER 2011. I/WE, THE PARENTS/GAURDIANS OF THE ABOVE NAMED PLAYER ASSUME ALL RISKS INCIDENTAL TO SUCH PARTICIPATION, including transportation to and from activities. I/WE AUTHORIZE THE PROGRAM TO PROVIDE EMERGENCY MEDICAL TREATMENT OF ANY INJURY TO OR ILLNESS OF MY CHILD IF QUALIFIED MEDICAL PERSONNEL CONSIDERS TREATMENT NECESSARY AND PERFORM THE TREATMENT. THIS AUTHORIZATION IS GRANTED ONLY IF I CANNOT BE REACHED AND A REASONABLE EFFORT HAS BEEN MADE TO DO SO.

I/We agree to return upon request all equipment issued to my child by the Mt. Olive Jr. Wrestling association

PARENT/GUARDIAN PRINT _____

SIGN _____ DATE _____

FAMILY DOCTOR _____ PHONE _____

MEDICATIONS TAKEN _____ ALLERGIC REACTIONS TO _____

EMERGENCY CONTACT _____ PHONE _____

RELATIONSHIP TO CHILD _____

I/We give permission for our child's name and or photo to posted on the www.mojwa.com website - yes-> no->

REGISTRATION FEES: **1 Child - \$100.00, 2 Children - \$160.00, 3 Children - \$200.00** (fee includes 3 tournaments and shirt)
A \$25.00 Late fee will be assessed after October 31st.

MAIL TO:
MOJWA - REGISTRATION
P.O. BOX 270
FLANDERS, NJ 07836