



P.O. Box 167, Clifton Springs, NY 14432
League Registration Form

A current physical dated in the last 12 months is required.
Please provide a current photo and a copy of their birth Certificate.

Wrestlers Name Printed _____

Date of Birth: _____ Current Grade _____

School Attending: _____

Parent / Guardian Name: _____

Address: _____

city _____ state _____ zip _____

Phone # _____

Cell # _____

E-mail Address: _____

Emergency Contact: _____

Emergency Phone #: _____

Permission to Participate

I understand that wrestling is a sport which involves risk of injury while participating in practice and play of the sport as well as in traveling and other related activities incidental to my child's participation. I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Finger Lakes Youth Wrestling League Inc., any member team, their agents, and representatives for any injury that may be suffered during the course of participation in this sport. Furthermore, I take responsibility for any and all injuries suffered by my child. I understand that my child must be covered by a health/injury insurance policy and by my signature below certifies that he/she is covered. I agree to be responsible for any damages caused by my child.

Permission to Participate _____
(Parent or Guardian Signature required)

Date _____

Procedure for Medical Attention

I, the undersigned, do hereby authorize officials of the Finger Lakes Youth Wrestling League Inc. and its member teams to contact directly the persons named on this form, and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the child named above.

Parent or Guardian Signature required _____

Date _____