## East Brunswick Wrestling Club Registration

Grade 2021/2022:	Weight:	Years Experience:			
		rears experience.			
Child 2 Name:		D.O.B.:			
Grade 2021/2022:	Weight:	Years Experience:			
Injuries/Allergies:					
Child 3 Name:		D.O.B.:			
Grade 2021/2022:	Weight:	Years Experience:			
Injuries/Allergies:					
Street Address:		Town & Zip Code:			
	Phone2:				
	ress1: Email Address2:				
Emergency Phone:					
Would Like to Coach—YES /	NO If Yes, email for person	interested			
Option 1: Competitive Teams (					
	ludes family entry into end of y	vear hanquet):			
mograma i oco (mo		el Wrestler @ \$150			
tibbA		I Wrestlers @ \$60			
		n last year): @ \$55			
*Tentative Practice Schedule: Monday,	-				
Option 2: Clinic Program (Kind	dergarten through 3rd Grade):				
Registration Fees (inc	ludes family entry into end of y	vear banquet) @ \$85			
*Tentative Practice Schedule: Tuesday	and Thursday, November -January 31*	*			
Flap Jack Fundraiser (per fami	ly for 5 tickets)				
Canceled		Canceled			
**Checks made payable to EB	WC**	Total Due:			
Competition Team Warm-up D	enosit (ner family): Senarate	check voided upon completion			
TBD					

#### Work Bond:

We are cancelling work bond requirement for 2021-2022

#### **Singlets:**

All competitive team members will be required to purchase the below singlet (or use one purchased from last year). Clinic members are not required to have a singlet this year.



#### Warm-ups:

Those wrestlers who are chosen for our Grade School and/or Central Jersey Varsity teams will be loaned the below warm-ups. Upon receipt of the warm-up, a \$100 equipment bond check will be due, which will be voided upon return of the warm-up in good condition at the end of the season.



### Flap Jack Fundraiser:

Fundraiser is canceled this year

#### Illness/Skin Rash:

EBWC takes pride in the care taken to ensure the cleanliness of our mats and equipment for the safety and health of the wrestlers. Anyone showing signs of illness and/or skin rash will require a doctor's note prior to attending practice and matches. Coaches reserve the right to remove anyone from practice who displays signs of illness and/or skin rash.

I, the parent or legal guardian of the wrestler(s) named above, hereby give my permission for the wrestler(s) to participate with the East Brunswick Wrestling Club. I also understand that fundraising and work bond duties are mandatory and vital aspects for the success of the program, and I will actively participate. I also understand that practices and competitions are mandatory for the success of the program and will ensure that the registered wrestler will participate in all scheduled events. I also understand the importance of the above Illness/Skin Rash Policy and will adhere to it as indicated.

Signature and Date

# EAST BRUNSWICK WRESTLING CLUB RELEASE OF LIABILITY -- READ BEFORE SIGNING Fill out one form per child.

National Recreation a	and Park Association Team	Sports Program
In consideration of being allowed to participate in any wa	ay in the East Brunswick V	Vrestling Club program, it's related events and
activities, I	, the ur	ndersigned,
acknowledge, appreciate and agree that:		
		ant, including the potential for permanent paralysis nay reduce the risk, the risk of serious injury does
2. I KNOWINGLY AND FREELY ASSUME AI THE NEGLIGENCE OF THE RELEASEES of		
3. I willingly agree to comply with the stated and	d customary terms and cor or participating, I will remo	nditions for participants. If, however, I observe any ove myself from participating and bring such to the
4. I, for myself and on behalf of my heirs, assign INDEMNIFY, AND HOLD HARMLESS THE I		
used for the activity ("Releasees"), WITH RESP damage to person or property, WHETHER ARIS	PECT TO ANY AND ALL SING FROM THE NEGLI	
OTHERWISE, to the full extent permitted by lav	W.	
I HAVE READ THIS RELEASE OF LIABILITY AND	D ASSUMPTION OF RI	SK AGREEMENT, FULLY UNDERSTAND
ITS TERMS, UNDERSTAND THAT I HAVE GIVEN	UP SUBSTANTIAL RIC	GHTS BY SIGNING IT FREELY AND
VOLUNTARILY WITHOUT ANY INDUCEMENT.		
X		//
PARTICIPANT'S SIGNATURE	AGE	DATE SIGNED
FOR PARENTS/GUARDI	IANS OF PARTICIPAN	TS OF MINOR AGE
(UNDER AGE	18 AT TIME OF REGIST	RATION)
This is to certify that I, as parent/guardian with legal resp	onsibility for this participa	ant, do consent and agree to his/her release as
provided above of all the Releasees, and, for myself, my l	heirs, assigns, and next of	kin, I release and agree to indemnify and hold
harmless the Releases from any and all liabilities incident		
provided above, EVEN IF ARISING FROM THE NEGL	IGENCE OF THE RELEA	ASEES, to the fullest extent permitted by law.
X	()	
PARENT/GUARDIAN'S SIGNATURE	EMER. PHONE	DATE SIGNED

nrpainsurance.com 800-722-5676 Fax: 877-752-4415 Email: <a href="mailto:info@nrpainsurance.com">info@nrpainsurance.com</a>
Affinity Insurance Services Inc., in CA (Lic#0795465), MN, & OK, AIS Affinity Insurance Agency, Inc.; and in NY AIS Affinity Insurance Agency. Affinity Insurance Services Inc.

W-release-10