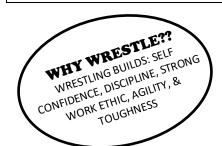


NOVEMBER 8th – FEBRUARY 16TH OPEN TO K - 8TH GRADE MONDAYS & WEDNESDAYS

K-3RD 6:30-7:30

4TH-8TH 6:30-8:00



Name:

** SESSION ARE ONLY HELD WHEN SCHOOL IS OPEN. IF ALL AFTER SCHOOL ACTIVITIES ARE CANCELLED, THIS INCLUDES THE YOUTH PROGRAM.**

THIS IS NOT A HHHCSD SPONSORED OR ENDORSED ACTIVITY

* THE THUNDERBIRD WRESTLING CLUB IS A 501C3 NON-FOR-PROFIT ORGANIZATION*

Signature

FOR MORE INFORMATION VISIT:

WWW.HILLSEASTWRESTLINGTEAM.COM COACH DAVEY – CALL 631-241-1671 EMAIL- TBIRDWRESTLINGCLUBHHH@GMAIL.COM

COST: \$200

** SIBLINGS DISCOUNT 25% for 2nd & 50% for 3rd COST INCLUDES T-SHIRT & USA WRESTLING CARD

PLEASE MAKE CHECKS PAYABLE TO: THUNDERBIRD WRESTLING CLUB SEND REGISTRATION AND CHECK TO: BILL DAVEY ATTN: KID WRESTLING 5 BURNS COURT. GREENLAWN, NY 11740

** ADDITIONAL REGISTRATION WILL TAKE PLACE AT PRACTICE**

NAME: GRADE:	DATE OF BIRTH/USA CARD #:
ADDRESS:	TOWN: ZIP: SCHOOL:
EMAIL ADDRESS:	
EMERGENCY CONTACT NAME:	EMERGENCY #: (
APPROX. WEIGHT: WRESTLING EXPERIENCE	_ yrs. T-Shirt Size (Please circle one) YS - YM - YL - AS - AM - AL - AXL
Parent/ Guardian Medical Waiver and Release Form You agree that you are aware that the child named below will be engaging in physi or various skin infections. You understand that the child is voluntarily participating in these activities and is related event including tripping, slipping, falling, colliding with another individual You hereby agree to waive any claims or rights that you might otherwise have to understand that we will make no evaluation or recommendation as to whether or no condition that may impair his or her ability to engage in any of the club activities, physician prior to your child participating in any practice, physical exercise or club	ical exercise involving various sports, coordination events and general fitness training which could cause injury, illness is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport or object on or off the club premises. o sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You of the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a pactivity.

Date: / /