

JR. COUGAR WRESTLING

Make Checks out to: **Jr. Cougar Wrestling**
For additional information contact:
Tim Dickey, Club President
Home # 402- 733-8713, timpdickey@cox.net
Chuck Mulligan, High School Varsity Coach
School # 402-889-0481,
chuck14088@yahoo.com

Payment must be paid in full at registration, unless payment plan is made.

2018-2019 REGISTRATION FORM (PLEASE PRINT)

WRESTLERS NAME _____
LAST FIRST M.I.

STREET ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ PARENTS E-MAIL _____

MEDICAL CONDITIONS _____ WEIGHT _____

YEAR'S OF EXPERIENCE _____ (Do Not Including 2018-2019 Season)

BIRTH DATE: _____ - _____ - _____ AGE: _____ GRADE _____
Month Day Year 2018-2019 School Year

Father or Guardian

Mother or Guardian

NAME _____ NAME _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

JR. COUGAR WRESTLING NEEDS YOUR HELP TO MAKE THIS PROGRAM A SUCCESS

Please indicate if you would be able to help in any of the following areas:

- Practice assistant Assistant coach Clothing/uniforms Club roster/calendar Tournament sign-ups
 Tournament set up Tournament concessions Tournament table worker Tournament weigh-ins
 Tournament bracketing Tournament clean-up Food donations Fund raising other _____
 Web site design/ maintenance photography

I/We, the parents or guardians of the above-named child hereby give my/our approval to participate in any and all league activities. We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Gross Catholic, Jr. Cougar wrestling organization and/or its affiliated organizations, sponsors, participants and persons for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause. I/We further acknowledge that Gross Catholic, Jr. Cougar wrestling and/or its affiliated organizations do not provide medical insurance for players/participants. I/We will furnish a birth certificate for The above-named child to league officials if requested. ***There will be NO REFUNDS granted!***

Parent or Guardian Signature: _____ Date: _____

(NO REFUNDS)

- Novice-\$125.00 (wrestlers who are beginners & plan on wrestling in the novice division)
 Advance-\$150.00 (wrestlers who plan on wrestling in the open category)

*** All advance wrestlers may need to purchase a USA and/or AAU Wrestling Cards, depending on tournaments wrestled.

*** Wrestlers MUST be registered in Kindergarten or 6 years of age. *** Exceptions may be made if dad is approved//to help coach.

***All coaches must have had "Safe Environment" & Concussion training prior to coaching- Coaches will be determined by Club President.

_____ I authorize my name/ child's name, address and phone number to be published in the club directory
_____ I do not want my name/child name, address or phone number to be published in the club directory.

DATE PROCESSED:

AMOUNT:

CHECK OR RECEIPT #:

RECEIVED BY: