

CUMBERLAND VALLEY YOUTH WRESTLING ASSOCIATION

REGISTRATION FORM

Name of Wrestler: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number(s): _____

School: _____ Grade: _____

Parent/Guardian Name(s) E-mail Address(es): *(please print legibly)*

Previous Experience? *(circle one)* YES NO

If yes, Number of Years: _____

Do you allow CVYWA to post your child's picture on the CVYWA website? *(circle one)* YES NO

Do you allow CVYWA to post your child's name on the CVYWA website? *(circle one)* YES NO

Parent/Guardian Name: _____ Parent/Guarding Signature: _____

PLEASE PRINT LEGIBLY

Registration Fees: (Cash or Check payable to "CVYWA")

- \$45.00 first wrestler
- \$30.00 each additional wrestler (in same family)
- \$20.00 singlet deposit per wrestler (deposit returned when singlet(s) returned at end of season)

| CVYWA USE ONLY | | |
|---------------------------|----------|---------------------------------------|
| Registration Fee Received | \$ _____ | Payment Method: cash or check # _____ |
| Singlet Deposit Received | \$ _____ | Payment Method: cash or check # _____ |
| Total Amount Received | \$ _____ | Payment Method: cash or check # _____ |

T-SHIRT SIZE: _____
S (6-8) M (10-12) L (14-16) Adult Small
(to be completed at registration by Registrar)

Birth Certificate Provided: Y N
(to be completed at registration by Registrar)

Weight: _____
(to be completed at registration by Registrar)