



# Eastern Jr. Wrestling

Berlin, Voorhees & Gibbsboro

Open Registration from 10/01/19 – 12/01/19

**No registration accepted after 12/01/19**

\$135.00 per wrestler      \$80.00 each additional wrestler

Please make checks payable to **Eastern Jr. Wrestling**

## **Practice Schedules (at Eastern H.S. Wrestling Room):**

Tuesdays & Thursdays: starts 11/12/19

| <b>Age Group</b> | <b>Age</b> | <b>Born</b> | <b>Times</b>  |
|------------------|------------|-------------|---------------|
| Tots             | 5 & 6      | 2013-2014   | 5:45 – 6:45pm |
| Bantams          | 7 & 8      | 2011-2012   | 7:00 – 8:15pm |

Mondays & Wednesdays: starts 11/13/19

| <b>Age Group</b> | <b>Age</b> | <b>Born</b> | <b>Times</b>  |
|------------------|------------|-------------|---------------|
| Midgets          | 9 & 10     | 2009-2010   | 6:30 – 8:00pm |
| Juniors          | 11 & 12    | 2007-2008   | 6:30 – 8:00pm |
| Intermediates    | 13 & 14    | 2005-2006   | 6:30 – 8:00pm |

\* Age = Wrestlers age as of 12/31/19

### **Mail Registration to:**

6 Greenleigh Court  
Berlin, NJ 08009

### **For More Info Contact:**

Ted Schmidt

[easternjrwrestling@gmail.com](mailto:easternjrwrestling@gmail.com)

Online registration and additional info: <https://go.teamsnap.com/forms/213708>

**EASTERN JR. WRESTLING TEAM**  
(Please fill-in form completely)

Wrestler's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
Shirt Size: Youth X-Small Youth Small Youth Med Youth Large Youth X-Large Adult Small Adult Med Adult Large  
Hoodie Size: Youth X-Small Youth Small Youth Med Youth Large Youth X-Large Adult Small Adult Med Adult Large  
Shorts Size: Youth X-Small Youth Small Youth Med Youth Large Youth X-Large Adult Small Adult Med Adult Large  
(Circle the appropriate size)  
Mother Name: \_\_\_\_\_ Mother Phone: \_\_\_\_\_ E-mail \_\_\_\_\_  
Father Name: \_\_\_\_\_ Father Phone: \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

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Medical Insurance: Yes  or No  Does the wrestler have any existing Medical Conditions? Yes  or No

If Yes, Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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Registration Amount - \$135.00 per wrestler / \$80.00 each additional wrestler

Form of Payment: Check / Cash

**Release / Waiver of Claims**

Wrestler's Printed Name: \_\_\_\_\_ Wrestler's Signature: \_\_\_\_\_

I/We the parent(s)/guardian(s) of the above named wrestler, who is a candidate for the position on the Eastern Jr. Wrestling Team, do hereby give my/our approval to his/her participation in all activities of the Eastern Jr. Wrestling Team during the 2019/2020 season. I/We assume all of the risks and hazards incidental to the conduct of the activities and transportation to/from the associated activities. I/We do hereby release, absolve, indemnify, and hold harmless the Eastern Jr. Wrestling Team, as well as organizers, sponsors, volunteers, coaches, supervisors, and league officials. In case of injury to my/our child, I/We hereby waive all claims against the organizers and any of the supervisors, coaches, and assistants appointed by them. I/We likewise release from responsibility any person(s) transporting my child to and from the activities of the Eastern Jr. Wrestling Team. To date, I/we have no knowledge of any medical problems or conditions that might endanger or preclude the forenamed child from participating in this activity. Any other medical conditions, which I/we agree are not serious enough to preclude my/our child's participation in the activities of the Eastern Jr. Wrestling Team, are noted above. If the participant is currently under a doctor's care, I/we will consult the participating child's physician prior to his/her participation. From time to time photos of Eastern Jr Wrestling Coaches, Players, Parents and Spectators will appear on our website and newsletters. All images and text associated with our website and newsletters are the sole property of the Eastern Jr. Wrestling and cannot be duplicated or used without the express written or verbal consent of Eastern Jr. Wrestling. I / we give our consent for child to appear on website and newsletters.

Parent's/Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail 2019/2020 Registration to: 6 Greenleigh Court, Berlin NJ 08009