

New Paltz Wrestling Club Registration Form 2023-2024

Wrestler's Information

Name: _____

Address: _____

Home Phone: _____ - _____ - _____ Date of Birth: ____/____/____ Age: ____

Grade: ____ Approx. Weight: _____ lbs Number of Years Wrestling: ____

Shirt Size: Youth S M L XL Adult S M L XL

Are you interested in traveling for the team? Y N

Wrestler's Parent/Guardian Information

Name: _____

Relationship to Wrestler: _____ Email: _____

Emergency Contact Information (Other than Parent/Guardian)

Contact Person: _____

Relationship to Wrestler: _____ Phone: _____ - _____ - _____

Does your child have any conditions or allergies? Y N

If yes, please explain:

Are you interest in volunteering? Y N

Are you opposed to your child's picture being taken*? Y N

*There are times when group pictures may be taken and submitted to local newspapers or posted to Facebook.

Registration fee is \$85.00 (\$65.00 per additional family member)

Fee includes one year, individual membership to USA Wrestling, which covers secondary accident insurance for practices and tournaments, and is required for competing in some tournaments.

Checks can be made payable to New Paltz Wrestling Club and mailed to New Paltz Wrestling Club, P.O. Box 8, New Paltz, NY 12561.

For more information about the club, sponsorship and volunteer opportunities, email youthwrestlingnp@gmail.com.