



WRESTLING REGISTRATION FORM – 2006-2007 SEASON

\$50.00 per Wrestler/ \$100 Family Maximum

Open to all Boonton Township and Mountain Lakes children in grades K-8

Communications: Website: www.btmlwrestling.com; Questions: Rose Onarati at 973-335-6432

**** We will communicate actual program start dates/times, schedules and other important information via email, so to please remember to look for them.**

Registration Form:

1. Complete one Registration Form for each child
2. Make Check Payable to Boonton Township Recreation Dept. (\$50.00 per wrestler/ \$100 per family max.)
3. Mail to Form and Check to: BTML Wrestling, Boonton Township Recreation Dept, 155 Powerville Road, Boonton Township, NJ 07005 by October 27, 2006

Practices:

Grades K-2nd: Beginning late November (Mondays and Saturdays)

Grades 3rd-8th: Beginning early November (Mondays, Thursdays and Saturdays)

Location: Rockaway Valley School, 11 Valley Road, Boonton Township

Wrestler's Information:

Wrestler's Name _____

Parent's/Guardian's Name _____

Address _____

Home Phone # _____ Cell # _____

Email _____ (** important for all future communications)

Emergency Contact Name _____ Emergency Contact Phone# _____

Age _____ Grade _____ School _____

Any prior wrestling experience? _____ If yes, how many years? _____

Photo Permission: Please indicate that your child's photograph can be potentially used on our website.
(Please circle one) Yes / No

Medical Information: (please use back of form, if more room is needed)

Health History (Check): Diabetes Convulsions Heart Disease Asthma Fainting

Allergies Other (please specify on back of form)

Date of Last physical: ___/___/___ Is your child under a physician's care? (Circle one) Yes No

In the last 12 months has your child had any serious injury or illness? (Circle one) Yes No

Is your child allergic to any medications or have any allergic reactions? (Circle one) Yes No

Parental/Guardian Permission

I, the parent/guardian of the above named wrestler, hereby give my approval for his/her participation in all Boonton Township Recreation Department activities and assume all risks and hazard incidental to such participation, including medical treatment, and hereby agree to waive release, indemnify and to hold harmless the Boonton Township Recreation Department and its officers, coaches, sponsors, and other participants from liability, damage or claim, whether the result of negligence or other cause, except to the extent and in the amount covered by medical insurance obtained for and on behalf of the Boonton Township Recreation Department.

Parent/Guardian Signature _____ Date _____