

# MT. OLIVE JUNIOR WRESTLING 2007 - 2008 REGISTRATION



(PLEASE PRINT CLEARLY)

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Legal Guardian / DAD \_\_\_\_\_ MOM \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ WEIGHT \_\_\_\_\_

PRIMARY PHONE# \_\_\_\_\_ ALT PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_

ALT EMAIL \_\_\_\_\_

PREVIOUS WRESTLING EXPERIENCE VAR/JV \_\_\_\_\_ YEARS, CLINIC \_\_\_\_\_ YEARS

(PLEASE CIRCLE ONE) SWEAT SHIRT size: (YS, YM, YL - AS, AM, AL) - other \_\_\_\_\_

(PLEASE CIRCLE ONE) SHORT size: (YS, YM, YL - AS, AM, AL) - other \_\_\_\_\_

Contact Jim Andrich, Head Coach 973-448-7030 or  
John Colabella, President, 973-584-8912 for more details

## INFORMED CONSENT

I HERBY GRANT PERMISSION FOR \_\_\_\_\_ (CHILD'S NAME) TO PARTICIPATE IN WRESTLING DURING THE ATHLETIC SEASON BEGINNING NOVEMBER 2006. FURTHER, I AUTHORIZE THE PROGRAM TO PROVIDE EMERGENCY MEDICAL TREATMENT OF ANY INJURY TO OR ILLNESS OF MY CHILD IF QUALIFIED MEDICAL PERSONNEL CONSIDERS TREATMENT NECESSARY AND PERFORM THE TREATMENT. THIS AUTHORIZATION IS GRANTED ONLY IF I CAN NOT BE REACHED AND A REASONABLE EFFORT HAS BEEN MADE TO DO SO.

PARENT/GUARDIAN PRINT \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

MEDICATIONS TAKEN \_\_\_\_\_ ALLERGIC REACTIONS TO \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

MY CHILD AND I ARE AWARE THAT PARTICIPATION IN ANY SPORTS ACTIVITY IS A POTENTIALLY HAZARDOUS ACTIVITY. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN THIS SPORT. WEATHER, TRAFFIC, AND OTHER REASONABLE RISKS ASSOCIATED WITH THE SPORT. ALL SUCH RISKS ARE KNOWN AND UNDERSTOOD BY ME. MOUNT OLIVE TOWNSHIP PROVIDES EXCESS ACCIDENT INSURANCE OVER WHAT YOUR OWN INSURANCE PROVIDES. ALL INJURIES MUST BE REPORTED IMMEDIATELY. CLAIMS EXCEEDING THE 20 DAY NOTIFICATION WILL NOT BE ACCEPTED BY THE INSURANCE COMPANY. I ASSUME FULL RESPONSIBILITY FOR ALL EQUIPMENT ISSUED AND WILL SEE THAT IT IS RETURNED TO THE COACH UPON DEMAND. I AGREE TO REIMBURSE THE ASSOCIATION FULL CURRENT RETAIL VALUE OF ANY LOST, STOLEN, MISPLACED, OR DAMAGED EQUIPMENT. I UNDERSTAND THIS INFORMED CONSENT FORM AND AGREE TO ITS CONDITIONS ON BEHALF OF MY CHILD.

PARENT/GUARDIAN SIGN \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION FEES: **1 Child - \$70.00, 2 Children - \$100.00, 3 Children - \$130.00, 4 Children - \$160.00**

MAKE CHECKS PAYABLE TO: **MOJWA**

MAIL TO:  
**MOJWA - REGISTRATION**  
**P.O. BOX 270**  
**FLANDERS, NJ 07836**