



Gettysburg Youth Wrestling Club 2019-20 Registration

Wrestler Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Grade: _____ School: _____

Wrestling Experience/Apparel Info:

This is my _____ year of wrestling. Last year I was in group _____.

Coaches will sort wrestlers into practice groups (1, 2, or 3) for this season based on a combination of previous experience, age, and abilities.

T-Shirt Size (please circle): Youth: XS S M L Adult: S M L XL

Short Size (please circle): Youth: XS S M L Adult: S M L XL

Parent/Guardian Information:

Name 1: _____ Relationship: _____

Phone: _____ Email: _____

Name 2: _____ Relationship: _____

Phone: _____ Email: _____

Name 3: _____ Relationship: _____

Phone: _____ Email: _____

PLEASE SIGN:

My child, _____ (wrestler's name/first and last), has my permission to participate in the 2019-20 Gettysburg Youth Wrestling Club.

Parent Signature: _____ Date: _____

Photo Release:

Please check and sign ONE statement below.

 I hereby authorize Gettysburg Youth Wrestling to publish photographs and video taken of my child, and their name and likeness, for use in the Gettysburg Youth Wrestling's print, online and video-based materials, as well as other Club publications. I hereby release and hold harmless Gettysburg Youth Wrestling from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or videos. I acknowledge and agree that publication of said photos or videos confers no rights of ownership or royalties whatsoever. I hereby release Gettysburg Youth Wrestling, its volunteers, its hired photographers and any other third parties involved in the creation or publication of materials, from liability for any claims by me or any third party in connection with my participation.

Parent Signature: _____ Date: _____

 I decline to give my authorization for Gettysburg Youth Wrestling to publish photographs and video taken of my child, and their name and likeness. I understand my child will be excluded from team photographs and all Club publications.

Parent Signature: _____ Date: _____

Submission:

Please print and complete forms and bring to Registration Meeting at Gettysburg High School Cafeteria at 6 pm on November 4, 2019. You may also email completed forms to gburgywc@gmail.com. Registration must be submitted by November 8th, 2019 to receive shirt and shorts, though registration will remain open through the season.