

# PR Elite Wrestling Registration 2020-2021



## Pine-Richland Youth Wrestling (Ages 6-12)



- REGISTRATION OPEN TO THE FIRST 35 REGISTRANTS -

PRACTICE STARTS ON DECEMBER 8, 2020

Practices will be held on Tuesdays and Wednesdays, 7:00-8:30 PM @ NuAge Fitness Center

### **REGISTRATION FEE: \$100.00 PER WRESTLER/SEASON**

Additional items included with registration:

- Wrestler Registration/Entry to WAWA League Meets and the WAWA Year-End League Tournament at the End of the Season (If we have a season)
- PR Elite Wrestling Team T-Shirt – Please circle size: YS YM YL YXL AS AM AL
- The option to use a PR ELITE Wrestling Team Singlet if we have a season or wrestle in tournaments
- Wrestler Incentives Throughout the Season

**PAYMENT:** Checks Payable to "PR ELITE WRESTLING"

**Mail-in Registration - MAIL:** PR Elite Wrestling, C/O Rene Hoy, 5717 Summit Street, Gibsonia, PA 15044

COMPLETE ONE FORM FOR EACH WRESTLER - REGISTRATION FEE IS NON-REFUNDABLE

Wrestler's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Elementary School: \_\_\_\_\_

Wrestling Experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of years: \_\_\_\_\_ Weight Approx.: \_\_\_\_\_

*We hereby authorize our child to participate in PR ELITE WRESTLING Program. We release and forever discharge any of the sponsoring organizations, its agents, employees, members, coaches, and all other persons associated with the same from any and all claims, demands, actions, causes of action or legal suits of any kind which might occur to us or our child because of his/her participation in PR ELITE WRESTLING Program, including transportation of said child to and from the organization's programs or activities. We understand that this release precludes any claims on behalf of said participant from their participation. We give PR ELITE WRESTLING Program permission to take photos of our child during the wrestling season to use for team purposes, including the team website and social media. We understand that due to the involved nature of the wrestling program, we agree to participate fully in the association activities required for the successful completion of our season. We fully understand that PR ELITE WRESTLING does not carry accident insurance and the program is not sponsored by the Pine-Richland School District or NuAge Fitness Center and agree to use our health care insurance in the case of injury to our child.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Medical/Emergency Information**

My child is under medical treatment: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Please list any medical conditions, allergies or physical limitations your child may have: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

### **Medical Care Authorization**

*I grant any officer or coach of PR ELITE WRESTLING the authority to take care of the following named child \_\_\_\_\_ (Print Wrestler's Name) in case of an emergency. This grant of temporary authority will begin on the date signed below and will remain until I terminate it. The officers of PR ELITE WRESTLING will have the power to authorize medical treatment or medical procedures in an emergency situation only if neither parent nor guardian can be contacted in a timely manner, as required by the circumstances of the injury.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_