

# Oxford Youth Wrestling Club Registration Form

Wrestlers Name \_\_\_\_\_

(Please Print)

Email Address: \_\_\_\_\_

(Please print clearly)

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

Number & Street

City

Zip

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

A Copy of wrestlers birth certificate Must  
be attached, if new wrestler to Club

Did Wrestler Wrestle Last Year with Oxford Youth Wrestling?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Home School District \_\_\_\_\_

Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Type of Medical Insurance \_\_\_\_\_

I (we) agree not to hold Oxford Area Community Schools, The Township of Oxford, Facility Owners, Program Staff and Volunteers liable for loss or injury as a result of participation in this program. I (we) understand that injury may result from normal participation and I further attest that I am physically fit to participate in this program I also agree to abide by all rules and regulations. Any misrepresentation (i.e. Age/ Residence/etc..) will result in immediate suspension from the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

(Must have Signature in order to be eligible)

Return Signed Registration Form Along with a Check Made out to;

“Oxford Youth Wrestling Club”

Date Received \_\_\_\_\_ Chk# & Amount \_\_\_\_\_ Received By \_\_\_\_\_

This club runs with volunteers and we need your help with;

OWYC Registration form.doc

Please check

- Coaching (No experience necessary), build that relationship with your wrestler(s)
- End of season banquet
- Misc., help to run the club (Team photos, Awards....)