

COMPLETE BOTH FORMS IN THEIR ENTIRETY

Hamilton Township Police Athletic League

2016-2017 Wrestler Registration Form
<http://hamiltonnjpal.org/>

Birth Certificate and Insurance ID Required

Registration: There will be NO in person registration prior to the first practice. Wrestlers may either complete the online registration or register at the first practice. The first practice will be Tuesday, November 29, 2016 in Steinert High School's cafeteria. Practice will start at 6:00. Please arrive by 5:30 if you need to register. NO wrestler will be permitted to practice without a completed registration form and full payment. Online registration can be found: <http://www.hamiltonnjpal.org/boyswrestling.html>

Online Registration (Online discount applies until November 14, 2016):

- \$100.00 - 1st wrestler / \$80 each additional wrestler

Registration fee at first practice:

\$110.00 - 1st wrestler / \$90 each additional wrestler

Pre-Season Team Camp: A pre-season team camp will be held the week of November 14th – 17th from 6:00 pm – 8:00 pm each night at the Steinert High School Cafeteria. The team camp is free with Hamilton PAL 2016/2017 registration. **Registration will be accepted at the door on November 14th only!!** Special guest coaches will be present throughout the week.

Checks Payable to: Hamilton Township PAL

***** Training sessions will be held on Tuesday and Thursday evenings from 6:00 – 7:30 pm for elementary level and 7:30 – 9:00 pm for middle school students*****

Matches will be through the South Jersey Grapevine League and are usually held on Saturday or Sunday mornings depending on the host that week.

*****NEW FOR THIS YEAR*** Wrestlers will also have the ability to compete to be on the Hamilton PAL Wrestling Dual Team which will generally compete on Friday evenings.**

For more information contact Jason Jones at: palwrestling@gmail.com

Last Name _____ First Name _____ Birthdate: _____

Home Address _____

City _____ State _____ Zip _____ Age _____

School: _____ Current Grade _____ Weight _____

Years of Wrestling Experience (Circle one) 0 1 2 3 4 5 6 or more

Shirts are ordered as per the registration Form and will be distributed accordingly

T-Shirt Size (Circle One) (Boys) S M L or (Men's) S M L XL



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Father's Name: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Coaching

We are always looking for parents to help coach. No wrestling experience is necessary.

(Background checks are mandatory and will be provided for free through Twp. Recreation Dept.)

Yes, I would like to coach: _____ Parent Name: _____

Yrs. Of wrestling or coaching experience/ if any: _____

Participation and Medical Consent

Parent or Guardian Responsibility: I, the undersigned, desire to participate in the "Hamilton PAL Wrestling Program". I understand that I and all of my family members must conduct ourselves in the spirit of sportsmanship. Any behavior considered inappropriate or disruptive to the program will jeopardize my child's eligibility and may result my child may be suspended or released from the program. I further understand that I am expected to support the voluntary efforts of the coaching staff, and provide a positive attitude and atmosphere that best supports the Hamilton PAL Wrestling Program. In addition I am expected to assist with setting up mats, breaking down mats and working tables at practices and meets.

Medical Consent: I understand that the league, sponsors, referees, coaches, and program officers shall not be responsible for any injury that my child may sustain while participating in the activities of the program. If my child needs medical treatment while participating, I understand that treatment will be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature: _____ **Date** _____

Do not write below this line.

FEE /Form of Payment: CASH _____ CHECK _____ CHECK # _____