



Boys Wrestling Registration

Date:	Saturday, Nov 5
Time:	9:00 am - 12:00 pm
Grades:	1st - 6th
Place:	Main Street Gym
Fee:	\$60.00

**Mail applications and check to:
MYO, 253 Frowein Rd., Center Moriches, NY 11934**

I/We, the parent(s) of the named child, hereby give our consent for the participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/We, the parent(s) of the named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Moriches Youth Organization, associated organizations, the organizers, sponsors, supervisors, participants and person transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

The Moriches Youth Organization has adopted a zero tolerance for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league

Parent(s)/Guardian Signature.

Date

Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Other Phone: _____

Date of Birth: _____ Age: ____ Grade: _____ School: _____

Shirt Size: **ADULT: S M L** **YOUTH: S M L**

Email Address:

I give my permission for my son to participate in the MYO Wrestling Program

Parent Signature: _____ Date: _____

Amount Paid: Cash: _____ Check: _____

For more information go to www.morichesyouth.org or call 878-1696