



# 2023 Boys Wrestling Registration

<b>Grades:</b>	<b>1st - 6th</b>
<b>Place:</b>	<b>High School Wrestling Room</b>
<b>Fee:</b>	<b>\$60.00 (if you have shirt \$50.00)</b>

**Mail applications and check by December 10th to  
 MYO, 253 Frowein Rd., Center Moriches, NY 11934  
 \*Schedule online\***

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 \_\_\_\_\_

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## **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: \_\_\_\_\_