

OXFORD WRESTLING ASSOCIATION 2018-2019 REGISTRATION FORM

WWW.OWRESTLING.ORG

Name:	Grade:	DOB:	Weight:	Experience:
Address:	City:	State:	Zip Code	
Email Addresses:			Home Phone:	
Father's Name / Cell Phone:		Mother's Name / Cell Phone:		
Shirt Size: (circle one) YS, YM, YL, AS, AM, AL, AXL		Are you interested in volunteering for events throughout the year? Please circle – YES or NO		
Parent PRINT Name:		Parent Signature:		

Cash or Checks only: Checks can be made out to: "Oxford Wrestling Association"

By endorsing this application, I acknowledge the following:

1. That some injury may occur during wrestling practice or competition and that I will not hold the Oxford Area School District, Oxford Wrestling Association, or coaching staff responsible for such injuries.
2. That my child has health insurance, which covers treatments for athletic injuries.
3. That my child is in good health and has had a recent physical examination.
4. That I accept full responsibility for transportation for my child to and from both practice sessions and wrestling meets/tournaments.

COST: \$100 Registration Fee. First sibling is \$50, additional siblings are \$35.

UNIFORMS: Singlet \$55

***** PLEASE SEE SIZE CHART FOR *****

OWA USE ONLY

Paid Amount _____ Cash / Check Number _____ Siblings _____ OWA Initial _____