OXFORD WRESTLING ASSOCIATION 2017-2018 REGISTRATION FORM

2017-2	2018 REC	HSTR OWRESTLIN		FORM	
Name:	Grade:	DOB:	Weight:	Experience:	
Address:	City:	State:	Zip Code		
Email Addresses:			Home Pho	ne:	
Father's Name / Cell Phone:		Mother's	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: Cash or Checks only: Checks can be n			Parent Signature:		
By endorsing this applicati				restling Association"	
Oxford Area School such injuries. 2. That my child has had 3. That my child is in	ol District, Oxford nealth insurance, we good health and he esponsibility for tra	Wrestling As which covers the as had a recent ansportation for the state of the sta	sociation, or coareatments for at the physical exam	•	
COST: \$100 Registration	on Fee. First sibli	ing is \$50, a	dditional sibli	ngs are \$35.	
	, 2 pc. (Compres on Shirt only \$40			\$75 - all 3 pieces \$125.	
	*** PLEASE SE	E SIZE CHAI	RT FOR ***		
	OW	A USE ONLY			

Paid Amount _____Cash / Check Number ____Siblings ____OWA Initial _____