

WILLIAMSTOWN YOUTH MIGHTY BRAVES WRESTLING TEAM (WYMBWT) 2017/2018 REGISTRATION FORM

Registration will be held at wrestling preseason practice Tues-Thurs. 6-7:30 Middle School 5-6 aux gym or form can be mailed before practice begins to 1879 S. Blackhorse Pike. Williamstown, NJ 08094.

Registration fee is \$85 dollars for first child and \$75 for each additional child. Plus \$50 refundable singlet fee of which you will get \$40 back at end of year banquet when you return your singlet. Checks can be made out to WYMBWT you may also call or text before practice begins to register at 856-562-0490. If no answers leave a brief message and I will return your call.

The first night of practice will be Monday November 13th from 6:00 to 7:30 Tots/Bantams. Midgets, Juniors, Int. 7:15-8:45. Practices will take place at Middle School 5-6 aux gym.

Your child will need to dress in proper attire during practice. ie shorts and a tee shirt, wrestling shoes and have headgear. Some headgear and shoes can be rented on a first come basis. Singlets will be provided as per stated above. They are for tournaments and matches NOT PRACTICE. Every child will be required to participate in at least one fundraising activity as well as our annual beef and beer. Details will come at a later date. For anyone who participated in previous season, any dues or money that is owed must be paid in full prior to registration. ie wrestling gear, registration, or, beef and beer fundraiser. Parents will also be asked to help in various ways throughout the season. Please help be involved with your children and volunteer or make an effort to help in anyway possible. This is a TEAM effort.

Visit us on Facebook! mightybraveswrestling@gmail.com Sincerely,

www.mightybraves.com

Bo Carlson (WYMBWT) President 856-562-0490

DIVISION	Year Born
Tot (4-6)	2011-2014
Bantam (7-8)	2010-2009
Midget (9-10)	2008-2007
Junior (11-12)	2006-2005
Intermediate (12-14)	2004-2002

Wrestler's Name (First & Last) _____

DOB mm/dd/yy _____ Approx. weight: _____ SCHOOL: _____

Street Address: _____ City, State, zip _____

Mother and Father name _____ Phone _____

Additional Phone to be reached at _____ Email _____

In consideration of allowing my child to participate in the Williamstown Youth Mighty Braves Wrestling Team program, I hereby waive any and all rights for claims of injury or damage during the 2017-2018 wrestling season or in transit to and from any and all wrestling practices, scrimmages, meets, tournaments or other events, against Williamstown High School, Williamstown Middle School, WYMBWT, Coaches, Team Parents, Trustees or Officers.

Parent/Guardian Signature: _____

Emergency Contact Info Name: _____ Relationship _____ P# _____