

**CONESTOGA YOUTH WRESTLING ASSOCIATION  
2010 – 2011 REGISTRATION**

Name of Wrestler \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years Experience \_\_\_\_\_ Approx Weight \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

EMAIL(s) \_\_\_\_\_

(Used as primary source of communication)

**Medical Insurance Plan** \_\_\_\_\_

**Insurance #** \_\_\_\_\_

The undersigned, on behalf of the minor participant, their self and their spouse, as parent and/or guardian, hereby waives and releases any and all rights and claims for damages which may arise against Conestoga Youth Wrestling Association, its officers, directors, coaches and other volunteers, arising out of participation by the wrestler in the activities of the organization and further agrees to hold harmless the organization, its representatives, successors and assigns from any and all damages from injuries received by the minor while participating in all the activities of the organization.

**Parent Guardian Signature:** \_\_\_\_\_

**FEES:** \$135.00 Registration for K – 6 (\$80.00 each additional family member)

\$65.00 Registration for Grades 7 & 8

(Note: Fee includes a \$20.00 uniform deposit – refundable per family)

**NOTE: Discount \$10 per wrestler if post marked by 10-4-2010**

**Payable to:** CONESTOGA YOUTH WRESTLING ASSOCIATION

**Mail check to:** CYWA  
C/O Linda Lofland  
340 Hilltop Road  
Paoli, PA 19301

**Questions:** Contact Drew Reindel at [drew@conestogawrestling.com](mailto:drew@conestogawrestling.com) or 610-687-2705

**For more information please visit our website:** [www.conestogawrestling.com](http://www.conestogawrestling.com)