



NYS Section V Fall Athletes - Coaches

2011



Wrestling Clinic

November 11th -@ The College at Brockport 6:30-8:30pm
Check In Late Registration 5:30-6:15pm
*Includes a ticket to Saturdays Brockport/Oklahoma Wrestling Classic

PRE - REGISTRATION FORM

Coach/Student Name _____
Address _____
City _____ State _____
Zip _____ High School _____
Club Team _____
EMail _____
Phone _____ Grade _____
Birthdate _____
Parent/Guardian: _____ Emergency # _____
Insurance Co _____ Policy # _____

Make Checks (\$20.00) Payable to: TITAN Wrestling
Late Registration @ door is: \$25.00
Team Discounts are available: Inquire at 585-249-6466/585-313-8503
Send to:
Penfield Wrestling Office
25 High School Drive
Penfield, NY 14526
(Post Mark by Monday November 7th)

I verify that my child has been checked by a licensed physician and is physically able to participate in the Brockport/Oklahoma Wrestling Clinic. I agree to allow my child to be treated by a licensed physician (if needed), and to assume all costs related to such treatment. I hereby waive and release The College at Brockport, Titan Worldwide Wrestling Club, event clinicians and all representatives from any and all liability for any injuries incurred by my child while attending the clinic. I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that if this application is accepted there is no refund of the application fee.

Parent or Guardian Signature

Date

Applicant/Athlete Signature
