

SUSSEX-WANTAGE WRESTLING

**Sussex-Wantage Wrestling Club 2009-2010 Registration and
Application Information – Please Complete All Information in Each Section**

Last Name: _____ First Name: _____
Date of Birth: _____ Sex: M or F Approx. Weight _____
Address: _____ City: _____
Grade: _____ e-mail: _____
Father's Name: _____ Mother's Name: _____
Father's Cell # _____ Mother's Cell # _____
Cell Carrier: _____ Home Phone #: _____

*Text messaging will be used along with e-mail for cancellations and changes.
Please initial here if you do not want to receive text message alerts. _____

I authorize my child to participate in the SWWC. I realize that wrestling is a contact sport and I have ensured that he/she has no medical problems that would prevent participation. I release SWWC from all claims and liabilities arising from participation in the program. I sign the release on behalf of my child and my spouse, if any.

Parent/guardian Signature: _____ Date: _____

In case of emergency, if the parent(s) are not available, contact:

Name: _____ Phone # _____

Medical History: _____

In the event of injury, I authorize my child's coach(s) to arrange for any necessary medical treatment.

Parent/guardian Signature: _____

**Please mail forms with payment to:
SWWC, P.O. Box 157, Sussex, NJ 07461**

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2009/2010 Fees

Registration / USA Card

1st Child	\$60	Total _____
2nd Child	\$50	Total _____
3rd Child	\$40	Total _____
USA Wrestling Card (Insurance)	\$40	Total _____
Late Fee after 10/31	\$15	Total _____
Sweatshirt	Included	
Total:		\$ _____

Volunteer Fee (refundable)	\$50.00
Singlet Deposit (refundable)	\$35.00

Sizes for apparel ordering

	YS	YM	YL	AS	AM	AL	AXL	AXXL
Registration Sweatshirt								
T-Shirts \$10.00								
Shorts \$15.00								
Sweatpants \$10.00								
Additional Sweatshirts \$20.00								
Total								

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We need your help! Below is a list of areas where we will need assistance to help make this year a success. Please complete the attached and return it to a board member.

1 Novice “Team Mom” – help the coaches where needed. Hand out/collect tournament forms. Advise of schedule changes. Make sure match volunteer sheet is completed for each match. Walk children to the bathroom during practice – etc.

Name _____

1 JV/ 1 Varsity “Team Mom” – help the coaches communicate with the parents. Hand out/collect tournament forms. Advise of schedule changes. Make sure match volunteer sheet is completed for each match.

Name _____

**Tournament Volunteer Coordinator - The Tournament in December is our only fundraiser. The coordinator will be responsible for getting parents assignments on food donations, cafeteria help and door help.
(Board meetings are held specifically for the tournament, you will not be alone if you volunteer for this)**

Name _____

End of the year banquet. With the help of the board – you will be responsible for coordinating the banquet. More information to follow throughout the season.

Name _____

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Volunteer Help Form – Mandatory 5 hours or \$50.00. Below is a list of areas we will need help in this year. If your time is not fulfilled on the master list, your check will be deposited after the banquet.

December 5th 2009 Wrestling Tournament

Door entry 2 hours per person x6 people

50/50 4 hours per person x2 people

Apparel Sales 2 hours per person x6 people

Table Help – Full day 12 people

Cafeteria Servers all day from 7-4

- **7:00-9:00 5 people**
- **9:00-11:00 5 people**
- **11:00-1:00 5 people**
- **1:00-3:00 4 people**

Candy Table 4 people same shifts as above 1 per shift

Set Up – 2 hours

Clean Up- 1 hour

Matches – We will have approximately 4 home matches

Set Up

Front Door 1 ½ - 2 hours

50/50 2 hours

Hall Monitor

Clean Up

Banquet

Set Up

Coordinator

Door

50/50

Servers

Clean Up

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