

2014 HYAA WRESTLING CLINIC REGISTRATION FORM

HYAA will be running a wrestling program for grades 1-11 running from April 2th through June 6th. *No sessions on April 16, 18 May 23.* Sessions will be held on Wednesdays and Fridays from 5:30-7:00pm at the High School wrestling room

Youth's Name _____ Today's date _____

Address _____ Phone _____ Birthdate _____

Grade (2013-2014) _____ **Parent's email** _____

In emergency situations you should contact:

FATHER Name _____ **MOTHER** Name _____ **CELL#** _____

VOLUNTEER

Coach _____ Asst. Coach _____ League Pres _____

Rutgers Certified _____ Background Verification _____

***Note Rutgers Training Program and Background Verification are MANDATORY for all coaches

I am personally satisfied as to my child's fitness to participate in this activity. HYAA strongly recommends that you seek professional medical advice if there is any doubt about your child's fitness.

I understand that while every effort is made by the volunteers to protect the safety of the participants, HYAA assumes no responsibility for any injuries or accidents that may occur. Each individual participating is doing so at his own risk and by signing this document agrees to release HYAA from any and all liability with respect to any injury or accident, which may occur at the facilities.

By attaching my signature hereto, I certify that the above information is true and correct to the best of my knowledge. I further certify that I have read, understand, and agree, on behalf of my entire family to comply with the HYAA Model Code of Conduct and all HYAA policies.

Parent or Guardian's signature

FEES:

Registration Fee		\$75
Sibling Discount	2 nd child	-10
	3 rd child	-15
	Total	\$ _____

Make all checks payable to HYAA

Mail to: HYAA P.O. Box 49 Holmdel NJ 07733

HYAA is not an affiliate of the Holmdel Board of Education