



**Upper St Clair Athletic Association
2006-2007 Youth Wrestling Program
Registration Form**

Wrestler Information

Name: _____
Street Address: _____
Home Phone: _____ Email: _____
Birthdate: _____ Weight: _____
Years of Previous Experience: _____
Parents' Names: _____

Fee: \$55 per wrestler....maximum of \$100 per family

Make checks payable to USCAA

I would like to volunteer to help coach _____ YES _____ NO

Important Notice:

I understand that USCAA carries no medical coverage and that we, as parents, assume all financial responsibility for any injuries that may occur in connection with athletic events. I certify that all of the above information is true and understand that falsification of birthdate or other information is cause for sanction of my child and me.

Parent's Signature: _____ Date: _____