



**Upper St Clair Athletic Association  
2009-2010 Youth Wrestling Program  
Registration Form**

**Wrestler Information**

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

Fee: \$60 per wrestler....maximum of \$110 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: \_\_\_\_\_