



**Upper St Clair Athletic Association  
2011-2012 Youth Wrestling Program  
Registration Form**

**Wrestler Information**

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

Registration Fee: \$60 per wrestler...maximum of \$110 per family

Does your son need a singlet? (\$55) \_\_\_\_\_ YES \_\_\_\_\_ NO  
SIZE \_\_\_\_\_

Make checks payable to USCAA

I would like to volunteer to help coach \_\_\_\_\_ YES \_\_\_\_\_ NO

**PARENTAL WAIVER AND CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_ (Name of Child) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (Town) \_\_\_\_\_ (State)

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Parent's Signature) \_\_\_\_\_ (Date)