



**Merrimack Youth Association**  
**Wrestling Registration**  
**2016 - 2017**



**Registration \$100**  
**CASH \$** \_\_\_\_\_  
**Check \$** \_\_\_\_\_  
**Check #** \_\_\_\_\_

**Wrestler's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First MI MM - DD - YYYY

**Sex:** M / F **Grade:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Years Exp** \_\_\_\_\_ **T-shirt Size:** YS YM YL YXL  
 AS AM AL AXL

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Volunteer Needs: Please rank top 3 preferences to fill volunteer needs:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Work Tournament Concessions    | <input type="checkbox"/> Work Open Mat Concessions | <input type="checkbox"/> Provide Concession Items |
| <input type="checkbox"/> Work Tournament Scoring Tables | <input type="checkbox"/> Assist Coaching Staff     | <input type="checkbox"/> Fill Board Vacancies     |
| <input type="checkbox"/> Work Tournament Door           | <input type="checkbox"/> Work Apparel Sales        | <input type="checkbox"/> Mop Mats Before Practice |

**Parent/Guardian Agreement**

As Parent or Legal Guardian of the named wrestler, I indicate by my signature below that:

- 1 - The wrestler/participant is a resident of the town of Merrimack NH.
- 2\* - I certify that I have read and will abide by the MYA Wrestling Program's No One-on-One Contact policy.
- 3\* - I have read the MYA Wrestling Code of Conduct and will ensure my wrestler(s) upholds it.
- 4 - I understand that one parent per family will be required to fill at least one volunteer need each season.
- 5 - I accept responsibility for maintaining the issued wrestling singlet and upon completion of the season will return it promptly. Also, I understand that I will be liable for the cost (\$90) to replace damaged or lost uniforms.
- 6 - I do NOT (choose one) authorize the submission of photographs of my wrestler to the newspaper, the MYA Wrestling website, or the private MYA Wrestling Facebook group.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\* These policies can be reviewed at any time on the Program's website ([www.myawrestling.com](http://www.myawrestling.com)).