

Arkansas Catholic Youth Wrestling Club

REGISTRATION FORM

Name _____

Address _____

City/State/Zip _____

Telephone _____

School Attending _____

Age _____ Grade _____ Weight _____ lbs.

Assumption of Risk/Release of Liability

We as parents or guardians of the named camper hereby grant permission for him to participate in the Rocket wrestling camp and acknowledge the fact that he is physically able to participate in camp activities. We hereby release the camp and its employees from all claims from injury or illnesses which may be sustained by our son, and authorize the director or his designee to select hospital facilities and/or physician of his choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary while attending the Arkansas Catholic Youth Wrestling Club.

Signed: _____
Parent or guardian

Insurance Company _____ Name of insured _____

Group Number _____ Member number _____

RELEASE MUST BE RETURNED WITH APPLICATION

“Allowing young men to learn and participate in the sport of wrestling while competing for personal pride and glory. Success is determined not by natural athletic ability but by the size of the heart.”

For Grades 4 — 8

ACYWC is open to all boys in the Diocese of Arkansas who attend a parochial school or are enrolled in a parish Catholic education program.

Practice begins December 1
Tuesdays & Thursdays at 4:00 - 5:00 p.m.
Catholic High School wrestling room
(Field House on football field)
Season runs through March 31.

Contact Club Coach:
Paul Mammarelli
501/580-6672
paulmammarelli@sbcglobal.net

