

**2011 REGISTRATION FORM for Cornell vs. Minnesota**  
**Friday, November 18, 2011**  
Sponsored by  
The Wayne Wrestling Booster Club

**Please complete the form below and BRING IT WITH YOU THE DAY OF THE EVENT.**

[www.waynewrestling.com](http://www.waynewrestling.com)

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list any medical conditions that may effect participation: \_\_\_\_\_

Please list your medical insurance carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_

I hereby release any and all claims regarding injury and/or illness that may be caused in conjunction with this wrestling program, the Wayne Wrestling Booster Club, and all personnel associated with the operation of this camp. I will be responsible for the welfare of the named child. The child has no medical conditions which should limit or prohibit his participation in this program.

Parent or Guardian Signature: \_\_\_\_\_