



BOONTON JUNIOR BOMBERS WRESTLING Registration Form

WRESTLERS NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ **CURRENT AGE:** _____

CURRENT WEIGHT: _____ **TSHIRT SIZE:** _____

SCHOOL: _____ **GRADE:** _____

MOTHERS NAME: _____

CELL#: _____ **EMAIL:** _____

FATHERS NAME: _____

CELL#: _____ **EMAIL:** _____

Return Forms & Registration fee Via Mail or In Person

Mail to: % R. Anderson 214 Taft St. Boonton NJ, 07005

In Person to: Karrisa LaCorte or Robin Cannizzaro

Make checks payable to: Junior Bombers Wrestling

I desire to enroll my child in the Junior Bombers Wrestling Program. I understand that the Boonton Recreation Commission, Lincoln Park PAL, the Boonton Board of Education and the Junior Bombers Wrestling Staff are not responsible for any accidents or medical expenses that may incur as a result of participation in the Wrestling Program. In addition, I have read and understand the Junior Bombers Wrestling Code of Conduct. I understand that any violation of this code may result in disciplinary action being taken against me up to and including suspended/removed from the team/club/event. Concerns in any of these areas should be brought to the Head Coach. The coaches reserve the right to deal with any situations on an individual basis and handle accordingly.

I give permission to release my child's photo and/or video for media purposes

Please Check One: YES _____ or NO _____

Both Parent/Guardian & Wrestler are required to sign & date below.

*****Your registration will not be processed otherwise.*****

PARENT/GUARDIAN PRINT: _____

SIGN: _____ DATE: _____

WRESTLER: _____ DATE: _____