



**West Windsor Township**

*Division of Recreation and Parks  
271 Clarksville Road  
West Windsor, New Jersey 08550  
(609) 799-6141  
www.wwparks-recreation.com*

**Wolverine Wrestling  
2008/09 Registration**

**Player's Full Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
Street: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City, Zip: \_\_\_\_\_ Wrestling Experience: \_\_\_\_\_ years

**Guardian(s):**                      Mother                      Father  
Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Volunteer Positions (please indicate first and second choice):**

Assistant Coach \_\_\_\_ Volunteer Coordinator \_\_\_\_ Time/Score Keeper \_\_\_\_

**Medical Information:**

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Please indicate any special medical considerations (or state "none"): \_\_\_\_\_  
\_\_\_\_\_

**Alternate Emergency Contacts:**

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

**RELEASE:** I, the undersigned, as a parent or guardian of the above child, do hereby give my permission and approval for the child's participation in all West Windsor Wolverine Wrestling activities for the upcoming season. I further agree to assume all risks and hazards incidental to such participation including traveling, and I do hereby waive, release, and absolve the organizers, sponsors, board members, directors, coaches, and participants from any claim arising out of injury to my child/ward. **MEDICAL:** I give my consent for any emergency medical/surgical treatment to be given to my child pertaining to life-threatening situations or medical emergencies such as fracturing or suturing. I would like the doctor indicated above to be contacted if possible. In the event my doctor cannot be contacted, I give my consent for the emergency room physician to treat my child, but not for any elective surgery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_