2020 AAU Club Code: WYCW4E

VIERA PRIDE YOUTH WRESTLING CLUB 2020 WRESTLING REGISTRATION FORM

PLAYER INFORMATION

Last Name	First Name		M.I.	T-shirt Size	
Street Address	City		Zip Code	AAU CARD Y/N	
Date of Birth	Age Grade		Home and/or Cell Phone		
EMAIL:					
Please state prior athle	tic experience (footbal	l, basketball, ba	aseball, etc.). S	easons completed	
				_	
Any Medical Conditions	s that we should be aw	are of?			
	PARENT/GUAR	DIAN INFO	RMATION		
Mother/Guardian		Father/Guardian			
Wolfrer/Guardiari		Father/Gua	aruiari		
Street Address (if different from above)		Street Address (if different from above)			
Phone number(s) (Home, Work, Cell)		Phone number(s) (Home, Work, Cell)			
	RELEASE AND V	WAIVER OF	LIABILITY		
As the parent/guardian of the 2020 Viera Pride Youth Wrestransportations to and from the Wrestling Club, its coaches, a give permission for emergen abide by its terms.	above player, I he reby giv tiling Club Season. I do assi nese activities; and I do furth administrators, organizers a	e my approval and ume all risks and h ner release and ind and volunteers for s	consent for all act azards incidental to emnify and hold ha such activities. In ca	o these activities, armless Viera Pride Youth ase of injury to my child, I	
Parent/Guardian Signature		Date			
For more information,visit ou	website at: www.vpywc.we	eebly.com or call Ar	nthony Acquafredda	a at: (321) 258-9305	
<u>VIERA PRII</u>	DE YOUTH WRES	TLING CLUE	B OFFICIAL	USE ONLY	
Amount Paid	Method (Cas	ash or Check) Balance Due		oue	
			Other		