2014 HYAA WRESTLING REGISTRATION FORM

HYAA is offering a three month wrestling program for grades 1-8 beginning November 11th and ending February 19th. Sessions will be held on Tuesdays and Thursdays from 6:00-7:30pm at the High School Wrestling Room.

Youth's Name			Today's date	
Address	Phor	ne	Birthdate	
Grade (2014-2015)	Parent's email			
In emergency situations you should	ld contact:			
FATHER Name	MOTHER Name_		CELL#	
VOLUNTEER Coach Asst. Coach	League Pres			
Rutgers Certified H	Background Verificati	on		
***Note Rutgers Training Program	m and Background V	erification	are MANDATORY for all coaches	
I am personally satisfied as to my that you seek professional medica			his activity. HYAA strongly recommend out your child's fitness.	ls
HYAA assumes no responsibility	for any injures or acc signing this documen	idents that it agrees to	rotect the safety of the participants, may occur. Each individual participatin release HYAA from any and all liabilit lities.	
By attaching my signature hereto, knowledge. I further certify that I comply with the HYAA Model Co	have read, understand	d, and agree		
FEES:			Parent or Guardian's signature	_
Annual Association fee (2014-201 *Payment of fee is for first HYAA in each school year not calendar	A sport participated in	\$ 25. (Per	family)	
Registration Fee		85.		
Sibling Discount	2 nd child 3 rd child			
Late Fee after November	r 11	+50.		

Late Fee after November 11

Total \$_____

Mail: P.O. Box 49 Holmdel NJ 07733 Make all checks payable to HYAA HYAA is not an affiliate of the Holmdel Board of Education