



VAN BUREN BLACK KNIGHTS

BIDDY WRESTLING (K-6)

- Registration Date:** At First Practice, Monday, December 3rd 2018
- Practices:** FIRST PRACTICE Monday, December 3rd 2018
Mondays and Wednesdays (6:00 PM – 7:00 PM) (12/3/2018 – 2/24/2019)
* Competition schedule TBA *
* End of Season Party TBA *
- Location:** Van Buren Wrestling Room (Second floor of the HS)
- Cost:** \$65 – Payable to Van Buren Athletic Boosters
(Includes T-shirt, end of season pizza party & award, and registration for VB-Tournament)
- Practice Attire:** Shorts, T-Shirt, & Socks (wrestling shoes are recommended – but not required)
- Coaches:** Van Buren Coaching Staff

Form and payment should be brought to the Van Buren wrestling room on the registration date/first practice.

Email/text will be a means of communication. Cancellations will be communicated through those means.



VAN BUREN BLACK KNIGHTS

BIDDY WRESTLING (K-6)

REGISTRATION FORM

Name: _____ Date of Birth: _____ Grade: _____

Wrestler Shirt Size (included in registration cost): (Circle) **YOUTH** Sm, Med, Large or **ADULT** Sm, Med, Large, XLarge

Years of experience: _____

Email Address: _____ Phone #: _____

I acknowledge and fully understand that each participant will engage in activities that involve risk of serious injury which might result not only from their own actions, but the action of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. I accept the foregoing risks and personal responsibility for the damages following such injury and hereby consent to allow my child to participate in the Van Buren Black Knights Biddy Wrestling Program. I and my legal heirs release and agree to indemnify, defend and hold harmless the Van Buren Black Knights Biddy Wrestling Program, Van Buren Local Schools, and any coach, assistant, sponsor, official or administrator from any claim, expense or liability incident to my child's involvement or participation in the Van Buren Black Knights Biddy Wrestling Program. I agree that my child is covered under my health insurance plan, and will hold harmless those involved with the Van Buren Black Knights Biddy Wrestling Program.

Parent(s) Name

Parent's Signature & Date