

# Malvern Prep Wrestling Club

## Technique & Intensive Club Team

Registration 2009-2010 Season	Cost	Total
Yearly Pass– Sept 2009 thru May 2010 <ul style="list-style-type: none"> <li>Price includes Singlet and T-Shirts</li> </ul>	\$400	
Full Wrestling Season – December 2009- May 2010 <ul style="list-style-type: none"> <li>Price includes Singlet and T-Shirts</li> </ul>	\$300	
Half Season – Only One/Two Nights per Week for 2009-2010 Season (No singlet included / T-Shirt Only)	\$200	
Post Season – (March- May) after ICWL ends or for high school wrestlers after the season... (T-Shirt included)	\$100	
Sibling Discount – If registering 2 siblings Full Season..... Half Season with Siblings.....	\$500 \$300	
Total Enclosed:		
<p><b>Note:</b> All wrestlers are required to have a valid USA Wrestling card prior to participating in practice. You are responsible for acquiring the USAW card for your son(s). USAW cards may be purchased online at <a href="https://www.themat.com/membership">https://www.themat.com/membership</a></p>		

Email : [NathanLautar@comcast.net](mailto:NathanLautar@comcast.net) or : [TheClub@malvernwrestling.com](mailto:TheClub@malvernwrestling.com)

**Make checks payable to Malvern Prep Wrestling Club**

**Total Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check ( if check need check # \_\_\_\_\_ )**

**(There are no refunds after payment is received unless the team returns the application)**

**Send to: Kurt Ruch-Malvern Wrestling Club 418 S. Warren Ave Malvern PA 19355**

**Wrestlers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Mother's Cell** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**E-mail Address (es):** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Accomplishments:** \_\_\_\_\_

**Record 2008-2009 Season** \_\_\_\_\_ **Career Record** \_\_\_\_\_

**Can we post your accomplishments and name on our web page and email list:**  Yes or  No

**Years Experience:** \_\_\_\_\_ **Previous Team(s):** \_\_\_\_\_

**Grade/ Middle School:** \_\_\_\_\_ **USA Card No.** \_\_\_\_\_

I grant permission for my son/daughter to participate in the Malvern Preparatory Wrestling program and agree to hold harmless all coaches, officers, and the Malvern Preparatory School in the event of injury, which could occur during their participation in the sport of wrestling. Further, I/we authorize the Malvern's Wrestling Club representatives to provide emergency treatment of injury and or illness of my/our child if qualified medical personnel consider treatment necessary. This authorization is granted only if I/we cannot be reached.

**Wrestler's Signature:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_