

Malvern Prep Wrestling Club

Technique & Intensive Club Team

Registration 2010-2011 Season	Cost	Total
Yearly Pass– Sept 2011 thru May 2012 <ul style="list-style-type: none"> Price includes Singlet and T-Shirts 	\$450	
Full Wrestling Season – December 2011- May 2012 <ul style="list-style-type: none"> Price includes Singlet and T-Shirts 	\$350	
Half Season – Only One/Two Nights per Week for 2011-2012 Season (No singlet included / T-Shirt Only)	\$250	
Post Season – (March- May) after ICWL ends or for high school wrestlers after the season... (T-Shirt included)	\$100	
Fall Session - Monday and Wed Nights from Sept 12 th –November 27 th	\$150	
Sibling Discount – If registering 2 siblings Full Season.....	\$600	
Half Season with Siblings.....	\$400	
Total Enclosed:		
Note: 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 https://webpoint.themat.com/wp/Memberships/Join.asp		

Email : NathanLautar@comcast.net

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): _____

Current Grade: _____ **Birth Date:** _____ **Age:** _____ **Weight:** _____

Accomplishments: _____

Record 2010-2011 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: _____