PRINCE WILLIAM WRESTLING CLUB, INC. REGISTRATION Winter 26-27

*****NO REFUNDS CASH, CHECK, or Online Invoice ONLY*****

Contact Information:

Parent/Guardian Name:_____

Phone Number(s):_____

Email(s):_____

Home Address: _____

****ALL WRESTLERS & COACHES MUST HOLD A CURRENT USAW CARD****

Wrestler #1 Information:

Name:_____ Birthday:____/_____/_____

USAW#:_____ Medical (Ex: Allergies):_____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

Wrestler #2 Information:

Name:_____ Birthday:____/_____/_____

USAW#:_____ Medical (Ex: Allergies):_____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

Wrestler #3 Information:

Name:_____ Birthday:____/_____/_____

USAW#:_____ Medical (Ex: Allergies):_____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

Coach Information (if applicable):

Name:_____ USAW#:_____

● PWWC will adhere to all COVID and school protocols of Prince William County Schools. As a parent/legal guardian of the wrestler(s) registered hereon, I give permission for the child's participation in wrestling training and agree to abide by all PWWC/USAW/NVWF rules of play. On behalf of my child, I voluntarily agree to hold harmless Prince William Wrestling Club, Inc. Forest Park High School/PWCS, including directors, coaches, staff and other participants for any claim arising out of injury/illness to said child. I attest that the information provided is accurate and true to the best of my knowledge. I hereby give permission to have my child's name and/or photos released for advertising and/or website pertaining to PWWC Panthers **Signature** _____ **Date**_____

1st Wrestler	**$190**
Additional Wrestlers	**$85 X_____ = _____**
NVWF Fee	**$100 x____= _____**
Total Due	**$_____**
Payment Method	☐ **Cash** ☐ **Check#_____** ☐ **Invoice #_____** **Date:_____ Initial:_____**

Office Use Only: **Paid PWWC:_____ Email:_____USAW#:_____ Shirt:_____**

Paid NVWF:_____ NVWF Reg:_____ BDay Verified:_____ Singlet #:_____