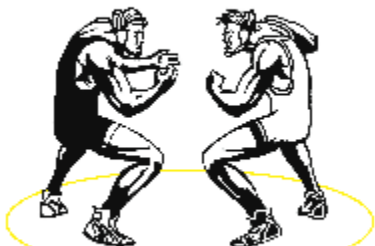


# Haverford Township Recreation Department Youth Wrestling Team Registration Form

**HAVERFORD**  
T.O.W.N.S.H.I.P



*Youth Wrestling*

## Grades 1-8

**Dates:** November 10, 2011 to March 8, 2012

**Fee:** \$120 for first wrestler, \$80 for siblings

(Discount for Middle School Wrestlers that are eligible)

For more information visit the Wrestling Team Website at:

[www.haverforyouthwrestling.org](http://www.haverforyouthwrestling.org)

or call the Recreation Dept: (610) 446-9397

or Colleen Tavani at [htpwrestling@yahoo.com](mailto:htpwrestling@yahoo.com)

- Practices are Tuesday and Thursday nights from 6:30-8:00p.m. starting on November 10, 2011***
- Wrestlers will be grouped based on experience, age and ability***
- Weekly Saturday Meets will begin in January 2012 and end with League Tournament in March 2012***
- New wrestlers are expected to compete at the Haverford Youth True Novice Tournament on February 12, 2012***
- Various Sunday Tournament opportunities will be available to all wrestlers***

**Parents Meeting:** Wednesday, October 26, 2011, 7:00p.m.

**Location:** Haverford Senior High School, **Room 126**  
200 Mill Road, Havertown, Pa. 19083

***Meet the Coaches, Learn Details, ask questions & volunteer!***

**Please make checks payable to:**

Haverford Township Recreation Department

**Mail to:**

599 Glendale Road, Havertown, Pa. 19083

### **Register by mail or bring this form and check to the Parent's Meeting**

Wrestler Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (month/date/year) \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Estimated Weight \_\_\_\_\_ #Years of Experience \_\_\_\_\_ Phone (home & cell) \_\_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Medical Conditions or Other Information \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

***\*Your signature confirms the date of birth and school information as required by our league rules.***