

# Eastern CER Jr. Wrestling

Berlin, Voorhees and Gibbsboro



Kevin Castagnola  
Head Coach  
609-685-2268

**Open Registration from 09/10/12 – 12/01/12**

**No registration accepted after 12/1/12**

\$130.00 per wrestler      \$80.00 each additional wrestler

\$80.00 per wrestler if you are on your middle school's team

Please make checks payable to Eastern CER Jr. Wrestling

## **Practice Schedules:**

### **Tots - Ages 5 & 6 - (Born 2006 & 2007)**

Practice Dates - Tuesday & Thursday 5:45pm - 6:45pm

Eastern High School Wrestling Room / First practice – Nov 13, 2012

### **Bantams - Ages 7 & 8 - (Born 2004 & 2005)**

Practice Dates - Tuesday & Thursday 6:45pm - 8:00pm

Eastern High School Wrestling Room / First Practice – Nov 13, 2012

### **Midgets - Ages 9 & 10 - (Born 2002 & 2003)**

Practice Dates - Monday & Wednesday 6:00pm – 7:15pm

Eastern High School Wrestling Room / First Practice – Nov 12, 2012

### **Juniors - Ages 11 & 12 - (Born 2000 & 2001)**

Practice Dates - Monday & Wednesday 7:15pm – 8:30pm

Eastern High School Wrestling Room / First Practice – Nov 12, 2012

### **Intermediates - Ages 13 & 14 - (Born 1998 & 1999)**

Practice Dates - Monday & Wednesday 7:15pm – 8:30pm

Eastern High School Wrestling Room / First Practice – Nov 12, 2012

**Age = Wrestlers age on 12/31/12**

Mail Registration and payment to:

Eastern CER Jr. Wrestling

P.O. BOX 189

Voorhees, NJ 08043

Contact us at: [easternjrwrestling@verizon.net](mailto:easternjrwrestling@verizon.net)

Online registration and additional info: [www.easternjrwrestling.org](http://www.easternjrwrestling.org)



# EASTERN CER JR. WRESTLING TEAM

(Please fill-in form completely)

**Wrestlers Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Approximate Weight:** \_\_\_\_\_ **Years of Experience:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_ **Hoodie Size:** \_\_\_\_\_ **Shorts Size:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Emergency Phone (Day):** \_\_\_\_\_ **(Evening):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

**Medical Insurance: Yes**  **or No**

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**Does the wrestler have any existing Medical Conditions? Yes**  **or No**

**If Yes, Please explain:**

\_\_\_\_\_  
\_\_\_\_\_

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## Release / Waiver of Claims

**Wrestler's Printed Name:** \_\_\_\_\_

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

I/We the parent(s)/guardian(s) of the above named wrestler, who is a candidate for the position on the Eastern CER Jr. Wrestling Team, do hereby give my/our approval to his/her participation in all activities of the CER Jr. Wrestling Team during the 2012/2013 season. I/We assume all of the risks and hazards incidental to the conduct of the activities and transportation to/from the associated activities. I/We do hereby release, absolve, indemnify, and hold harmless the CER Jr. Wrestling Team, as well as organizers, sponsors, volunteers, coaches, supervisors, and league officials. In case of injury to my/our child, I/We hereby waive all claims against the organizers and any of the supervisors, coaches, and assistants appointed by them. I/We likewise release from responsibility any person(s) transporting my child to and from the activities of the CER Jr. Wrestling Team. To date, I/we have no knowledge of any medical problems or conditions that might endanger or preclude the forenamed child from participating in this activity. Any other medical conditions, which I/we agree are not serious enough to preclude my/our child's participation in the activities of the CER Jr. Wrestling Team, are noted above. If the participant is currently under a doctor's care, I/we will consult the participating child's physician prior to his/her participation. From time to time photos of Eastern Jr Wrestling Coaches, Players, Parents and Spectators will appear on our website and newsletters. All images and text associated with our website and newsletters are the sole property of the Eastern Jr. Wrestling and cannot be duplicated or used without the express written or verbal consent of Eastern Jr. Wrestling. I / we give our consent for child to appear on website and newsletters.

**Parent's/Guardian's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Mail 2012/2013 Registration to: Eastern CER Jr. Wrestling  
P. O. Box 189  
Voorhees, New Jersey 08043