

BELLEVUE JUNIOR SPORTS ASSOCIATION

Wrestling Application

Name (first) _____ (last) _____ Telephone _____

Address _____ City _____ Zip _____

Birth date _____ Age _____ School _____ Grade _____

Parent's Name _____

Emergency / Mobile Phone Numbers _____

Email Address _____

Years of Experience _____ Approximate Weight _____

	<u>Registration Fees</u>	<u>Check One</u>
I. Novice:	\$90.00 with fundraiser	_____
Beginning Level	\$105.00 without fundraiser	_____
	*Includes 3 paid Tournaments (BJSA & 2 others)	
II. Varsity:	\$75.00 with fundraiser	_____
Advanced Level	\$95.00 without fundraiser	_____
Optional: AAU Tournament Card (Add \$15.00) Varsity Only		_____

Nebraska LB594 (1989) states the following:

**Coaches, managers, umpires, referees, their assistants, or anyone who prepares the mat or gym area for wrestling shall NOT be liable for injury or death of any participant in BJSA activities which result from the negligence of any of the above listed individuals. Negligent act or omission shall not include any reckless, willful, wanton, or grossly negligent act or omission.

I hereby give my permission for my child to participate in the BJSA Wrestling Program. I release BJSA from all liabilities due to accidents or injury and I do myself assume this responsibility. I give permission to the team director and/or coaches of BJSA to obtain medical care from a licensed physician, hospital, or medical clinic should my son or daughter become ill or injured while participating in team or league activities. I also have been provided and read a copy of the Nebraska LB concerning the topic of negligence where coaches are concerned.

I agree to claim responsibility for all BJSA equipment issued to my son/daughter. I will return the equipment at the conclusion of the wrestling season. I will be a participant and support the fundraising activities in the manner prescribed by BJSA for the Wrestling Program.

BJSA is a volunteer Organization-Please assist in one of the following Areas.

Team Parent _____ Scorer _____ Timer _____ Concessions _____ BJSA Tournament* _____

Volunteering to work the BJSA Tournament is required !!!

Parent / Guardian Signature _____ Date _____

Novice Wrestler Only: Please specify practice nights: Mon/Wed _____ Tues/Thurs _____

