Northeast Elite Wrestling Center
72 Shaker Rd.
P.O. Box 8
Enfield, CT 06083 - 0008
The PREMIER Wrestling Training Facility of the Northeast
FREESTYLE, FOLKSTYLE, GRECO ROMAN

A NONPROFIT ORGANIZATION

Membership application Form

Prior to filling out this application form, please go to www.northeastelitewrestling.com and familiarize yourself with all the rules and regulations and the code of conduct for the Northeast Elite Wrestling Center.

ALL WRESTLERS MUST HAVE A USAW CARD. NO EXCEPTIONS.

Current USAW card EXPIRE AUGUST 31, 2008

☐ **Need to order USAW card at a cost of $35.00**

Wrestlers Name _____

Address _____

City _____ State _____ Zip code _____

Current USAW card # _____

Phone (home) _____ (cell) _____

E-mail address _____ Birth date _____

Please circle your grade

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th PG

College
FR SOPH JR SR
Name of School or College

_____

Town State

If out of School please circle one of the choices below

Open Wrestler Coach

Any known health issues that would affect your wrestler's ability to train (asthma, or injuries, etc.) to the wrestlers full potential. CHECK ☐ YES or ☐ NO (if YES explain on the space provided) If you check NO it will be understood that your wrestler is in good health and said wrestler has no current medical limitations.

_____

_____

I grant permission to my son/daughter to participate in the Northeast Elite Wrestling programs and to agree to hold harmless all coaches and administrators of Northeast Elite Wrestling Programs in the event of injury, which could occur during all Northeast Elite Wrestling Programs. Further, I /we authorize Northeast Elite Wrestling representatives to provide emergency treatment of injury or sickness of my/our wrestlers if qualified personnel consider treatment necessary. This authorization is granted only if you cannot be reached. This permission and authorization will remain in effect for the period of September 2008 - August 31, 2009

_____

print parents name signature date

_____

print wrestlers name signature date

Office Use Only!!!

Method of payment

Cash $ _____

Check# _____

Amount _____

Please circle what applies

e-mail: newaauusa@hotmail.com
website: www.northeastelitewrestling.com

- Schedules subject to change
- No Refunds