

# JUNIOR REBEL WRESTLING



## JUNIOR REBEL WRESTLING SIGN-UPS BEGIN OCTOBER 6, 2009 AT BYRNES HIGH SCHOOL

OCTOBER

Tuesdays Only ~ 6:30 p.m.

NOVEMBER

Tuesdays and Thursdays ~ 6:30 p.m.

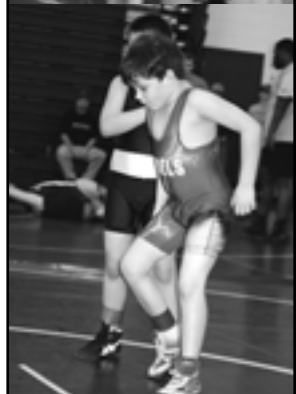
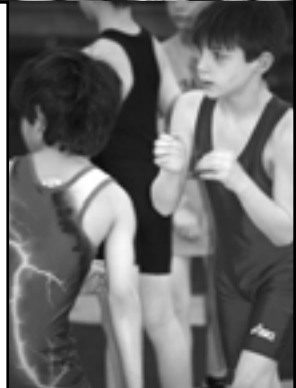
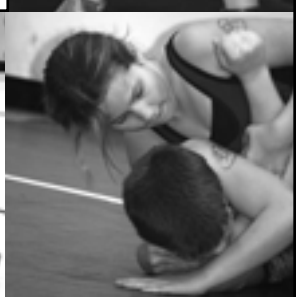
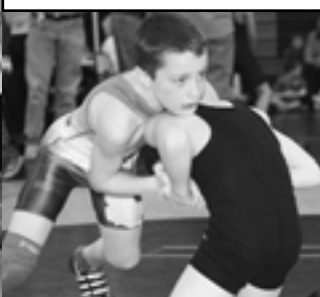
For Age Groups:

4 & 5 • 6 & 7 • 8 & 9 • 10 & 11

Boys and Girls Welcome for AAU Wrestling.



*For Questions or More Information,  
please call (864) 415-5846 or  
email [tygerriverdmd@bellsouth.net](mailto:tygerriverdmd@bellsouth.net).*



~ PLEASE SEE OTHER SIDE FOR JUNIOR REBEL WRESTLING REGISTRATION FORM ~

# 2009-2010 Registration for **JUNIOR REBEL WRESTLING**



Wrestler's Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Emergency # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Parents, please check an area in which you can help. You must check at least one area.**

Coaching    Tournaments    Fund Raising    Team Photographer    Team Videographer

**\$60 Registration Fee Includes AAU Card, Club Membership, Shirts and Shorts**

Shirt Size (please circle): 4T 5T YS YM YL S M L XL

Short Size (please circle): 4T 5T YS YM YL S M L XL

_____ Rebel Wrestling Logo Warm-Ups	_____ Warm-Up, Singlet and Gear Bag
_____ Rebel Wrestling Logo Singlet	_____ Rebel Wrestling Logo T-Shirt
_____ Rebel Wrestling Logo Gear Bag	_____ Rebel Wrestling Logo Shorts
_____ Wrestling Shoes	_____ Rebel Wrestling Logo Long Sleeve T-Shirt
_____ Head Gear	

***Please Make Checks Payable To: Rebel Wrestling***

**For more information, contact  
 Brian Armstrong at (864) 415-5846, via email at [tygerriverdmd@bellsouth.net](mailto:tygerriverdmd@bellsouth.net)  
 or Russ Howard at (864) 444-7673.**

**LIABILITY WAIVER**

Wrestling is a very physical contact sport and participating in wrestling matches, camps, practices, meets, tournaments, instruction and duals carries a risk of injury to participants.

In consideration of the acceptance of the undersigned wrestler into the Rebel Wrestling Club, each of the undersigned does hereby waive and release any and all rights and claims for damages against the Rebel Wrestling Club, the directors thereof, District Five Schools, James F. Byrnes High School, their agents, representatives, successors, and assigns for any and all injuries suffered by the undersigned wrestler while participating in instruction, camps, practices, meets, tournaments, duals, or any other activity conducted, sponsored, or participated in by the Rebel Wrestling Club.

Furthermore, I, the undersigned parent/guardian, hereby give approval of the undersigned wrestler to participate in wrestling related activities with the Rebel Wrestling Club managing personnel or other club representatives to obtain medical care from any licensed physician, hospital, or medical clinic should the undersigned wrestler become ill or injured while neither parent is available to grant permission.

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

Wrestler's Signature \_\_\_\_\_ Date \_\_\_\_\_