



# LEWISTOWN ELEMENTARY WRESTLING

2009-2010 SIGN-UP FORM

[www.lewistownwrestling.com](http://www.lewistownwrestling.com)

Circle one:	<b>Wrestling</b>	<b>Cheerleading</b>	
Name:		Age:	Birthdate:
School:	Grade:	Wrestler's Weight:	Shirt Size:
Address:		City, State, Zip:	
Parent #1 Name:		Parent #2 Name:	
Email #1:		Email #2:	
Phone/Cell #:		Phone/Cell #:	
Medical Insurance: (circle) YES or NO		Company:	
Years of Experience:		Achievements:	

I hereby grant permission for my child's participation in Lewistown Elementary Wrestling, and, intending to be legally bound for myself, my heirs, executors or administrators, waive and release any or all rights and claims for damage and/or liability, I may have against Lewistown Elementary Wrestling, and/or the Mifflin County School District and them or their agent, representatives, and assigns for any and all injuries suffered by my child as a participant.

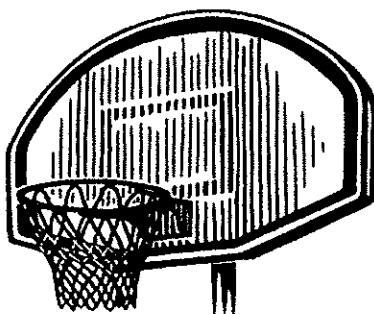


The undersigned shall indemnify and hold harmless Lewistown Elementary Wrestling and/or the Mifflin County School District from and against all claims, actions, suits, demands, liabilities, or losses whatsoever brought against, suffered or incurred by Lewistown Elementary Wrestling and/or Mifflin County School District, arising from participation of the child of the undersigned in wrestling practice, matches, and any and all activities of said Lewistown Elementary Wrestling and/or Mifflin County School District, its agents, employees, contractors, licensees or visitors, and from and against all expenses incurred on account of any such claim, action, suit or demand and parent/guardian shall upon written notice from the Lewistown Elementary Wrestling and/or Mifflin County School District, resist or defend the same.

Signature:	Date:
------------	-------

PAID Amount:	Check #: _____ <b>CASH</b>
--------------	----------------------------

# MCS D Elementary Boys' Basketball League



## League Info.

There will be two divisions: 3<sup>rd</sup> and 4<sup>th</sup> grades and 5<sup>th</sup> and 6<sup>th</sup> grades.

Teams will be divided by league directors according to school/area.

Games will be played on the following Saturdays:

Dec. 12 & 19, Jan. 9, 16, 23, 30, Feb. 6, 13

*\*\*Also, each team will play an exhibition game at halftime of a varsity basketball game.*

Entry deadline is November 16. Registration **must be received** by the deadline!

Please direct any questions to: Chris Sheaffer @ 994-8625 or Bret Treaster @ 248-4154

Cost of the league is \$25 per player which includes a t-shirt.

Checks for \$25 can be made payable to **MCS D Elementary Basketball.**

Complete the registration form below and submit with payment to:

**Bret Treaster**

**10 Laurel St.**

**Lewistown, PA, 17044**

Forms and payment may also be submitted during designated sign-up days for students in both **Lewistown and Indian Valley attendance areas at Indian Valley High School on Nov. 1, Nov. 8 or Nov.15 from 1:00 p.m. to 3:00 p.m.**

---

## Registration Form

Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

T-shirt size \_\_\_\_\_

Elementary School (*Nearest for IVMS & LMS Students*) \_\_\_\_\_

Did you participate in the league last year? \_\_\_\_\_

If yes, list the coach's name: \_\_\_\_\_

Please list any special medical concerns/needs (i.e. asthma, diabetes, etc.). Use back if necessary: \_\_\_\_\_

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