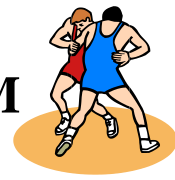




HANOVER ELEMENTARY YOUTH WRESTLING REGISTRATION FORM



www.hanoveryouthwrestling.com Facebook: Hanover Youth Wrestling
REMIND: text @dbb8ch to 81010

Please join us for the 2020-21 Wrestling Season! The program will allow all participants the opportunity to have fun, make friends, learn wrestling fundamentals, and compete. All participants are paired based on weight, age, and skill level. Wrestlers will be placed in groups based on skill level (Orange-Novice and Black-Advanced).

SIGN-UPS will be at Hanover Toyota 1830 Carlisle Pike, Hanover, PA 17331 on Wednesday, November 18th and Monday, November 23rd from 6:00 p.m. – 7:00 p.m. ****FACE COVERING REQUIRED****

DATES	TIMES	LOCATION	AGES	FEE	REGISTRATION
11/30/20 - 02/2021	Monday & Wednesday Orange: 6:15-7:00 p.m. Black: 7:00 p.m – 8:15 pm	Hanover Toyota 1830 Carlisle Pike Hanover, PA 17331	Grades K – 6 th	\$40.00 HPSD Student \$60.00 Out of District Student	Registration must occur prior to Jan. 1 st to be eligible for league events.

PLEASE READ THE FOLLOWING IMPORTANT DETAILS

- Payment is due in full at the time of sign up.
- In the event that the season is canceled due to COVID Reasons, Refund will be as follows: 100% prior to November 30th or 50% December 1st or after.
- All league matches and events will be held in York, PA
- Parents and Coaches are required to wear masks at all times.
- Parents may enter practice facility to assist child in getting ready for practice. Parents must then exit practice facility.
- There will be no siblings, parents or guardians allowed in the practice facility during practice times.
- A COVID19 WAIVER AND CODE OF CONDUCT (PROVIDED AT SIGN UPS) MUST BE COMPLETED PRIOR TO FIRST PRACTICE.
- Singlet Deposit – There will be a \$25.00 refundable deposit collected at the time singlets are handed out in mid-December. This Deposit will be fully refunded when the Singlet is returned in acceptable condition at the end of the season.

Participant's Name(s): _____

Age: _____ Birth Date: _____ Grade: _____ Previous Yrs. Experience _____

Name of School Participant Currently Attends: _____

T-Shirt Size (circle): YS YM YL AS AM AL

Short Size (circle): YS YM YL AS AM AL

Parent/Guardian Name(s): _____

Address: _____ City/State/Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact and Phone Number: _____

Thank you for your interest in our programs
Andy Beckner 717-495-9272 Jon Beckner 717-479-3465
thebeckners@embarqmail.com