

### Team Roster

Wrestler's name	Weight	Age	Parent's Signature&Date
	45		
	55		
	65		
	70		
	75		
	80		
	85		
	95		
	100		
	105		
	115		
	125		
	135		
	145		
	HWT		
	ALT		
	ALT		

(Witness)\_\_\_\_\_

Head Coach's signature\_\_\_\_\_Date\_\_\_\_\_

**As parent and or guardian of the above mentioned wrestler/child, I accept any and all responsibility for any injuries which may occur to mysef, my child or family member during the Newark Duals Tournament. I hereby release the Newark Wrestling Program, Newark School District and any and all administrators,tournament volunteers, and coaching staff from any and all responsibilities of injuries which may occur during training for, transporting to and from, and participating in or observing the Newark Duals Tournament on Saturday, March22 2008.**

**Send Team Roster with team registration**