

<b>Team Roster</b>			
<b>Wrestler's name</b>	<b>Weight</b>	<b>Age</b>	<b>Parent's Signature&amp;Date</b>
	<b>47</b>		
	<b>52</b>		
	<b>57</b>		
	<b>62</b>		
	<b>67</b>		
	<b>72</b>		
	<b>77</b>		
	<b>82</b>		
	<b>89</b>		
	<b>95</b>		
	<b>105</b>		
	<b>112</b>		
	<b>119</b>		
	<b>125</b>		
	<b>132</b>		
	<b>137</b>		
	<b>145</b>		
	<b>hwt upto 180</b>		
	<b>ALT</b>		
	<b>ALT</b>		

**(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, March21,2009.**

**Send Team Roster with team registration**