

WRESTLING SA

2010 STATE WRESTLING CHAMPIONSHIPS ENTRY FORM

Saturday, 7th August, 2010

12.30pm START

Noarlunga Leisure Centre, David Witton Dve, Noarlunga Centre. Ph: 83841144

SURNAME:.....GIVEN NAME.....

ADDRESS:.....

STATE:..... POSTCODE:..... MALE/FEMALE:.....

PHONE:..... EMAIL:.....

DOB:..... CLUB:.....COACH:.....

WEIGHT DIVISION:.....

OPEN: YES / NO (we may be able to offer an open division as well as your age division, Please circle)

ENTRY FEE: \$20.00 MEMBERS \$35.00 NON-MEMBERS (insurance cover)

DISCLAIMER: In consideration of your acceptance of my entry, I intend to be legally bound hereby for myself, my heirs, executors, administrators and any such persons, to waive and release the organisers, the committee of WrestlingSA Inc, their agents, members and any bodies or individuals having any association with this championship from any and all claims or rights to damages for injuries or losses suffered by me directly or indirectly in training for, travelling to or from, competing in or attending this championship.

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Signature of Participant

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Parent/ Guardian/Coach if under 18

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Signature of Wrestling SA President or Secretary