

2016-2017 NYWA Membership Form (annual membership)

All wrestlers attending any NYWA tournament must have a valid membership. Return the completed form, along with \$17.00, to address shown in the center of this page. A confirmation email will be sent to you once the registration is processed so **please write clearly**. You will receive an email containing a member ID #. This is your proof of NYWA membership and should be with you when attending an event. Memberships purchased or renewed will expire on 08/31/17.

Please print off the confirmation email and bring with you to ALL TOURNAMENTS! To ensure receipt of the confirmation email, please add NYWA to your address book ~ the email to add is info@nywa-mn.com.

PLEASE PRINT CLEARLY TO AVOID ERRORS. INCOMPLETE INFORMATION WILL RESULT IN A DELAY ON THE MEMBERSHIP. ** REQUIRED INFORMATION.

WRESTLER'S

NAME*: _____ GRADE*: _____ AGE*: _____

ADDRESS*: _____ PHONE*: (____) _____

CITY*: _____ ZIP*: _____ EMAIL*: _____

If we cannot read your email address, you will not receive member confirmation.

WRESTLING CLUB*: _____

BIRTHDATE*: Month: _____ Date: _____ Year: _____

***THESE ITEMS ARE REQUIRED TO BE FILLED OUT. IF THEY ARE NOT, YOU WILL NOT BE ABLE TO ACCESS THE MEMBERSHIP INFORMATION OR POSSIBLY RECEIVE THE EMAIL.**

WAIVER:

I GIVE PERMISSION FOR THE ABOVE NAMED PARTICIPANT TO WRESTLE IN ALL NYWA TOURNAMENTS FOR THE 2016-2017 WRESTLING SEASON. I ACCEPT FULL RESPONSIBILITY FOR THE PARTICIPANT. I AGREE NOT TO HOLD NYWA, INC., THE TOURNAMENT WRESTLING CLUB, ASSOCIATED SCHOOL DISTRICT OR THE TOURNAMENT FACILITIES, RESPONSIBLE FOR INJURY OR ACCIDENT TO THE PARTICIPANT.

SIGN HERE: _____ DATE SIGNED: _____

(Must be signed by parent or legal guardian)

This form must be completed in its entirety before it can be processed. **A PARENT/LEGAL GUARDIAN** must complete the form for the membership to be valid.

TEAM COACHES: If you are sending in memberships for your entire team/club, please print off the form and make a copy for each wrestler. **A parent or legal guardian MUST SIGN this form – not the coach!**

Any forms sent MUST include payment. Please provide an email, either for the coach or parent who would like to receive the confirmation email with the Membership #'s.

Contact NYWA with questions at info@nywa-mn.com or call the office at 507-754-4491.

Mail form along with a check, made payable to NYWA to:
NYWA, Inc.
PO Box 567
Grand Meadow, MN 55936