

2017-2018 NYWA Membership Form (annual membership)

All wrestlers attending any NYWA tournament must have a valid membership. Return the completed form, along with \$18.00, to address shown in the center of this page. You will need proof of this membership at each tournament. Memberships purchased or renewed will expire on 08/31/18.

Go to www.nywa-mn.com and click on "Memberships" to access your wrestler's membership card. This will need to be shown at weigh-ins at all district events.

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*: _____

WRESTLING CLUB*: _____

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

***THESE ITEMS ARE REQUIRED TO BE FILLED OUT.**

WAIVER:

I GIVE PERMISSION FOR THE ABOVE-NAMED PARTICIPANT TO WRESTLE IN ALL NYWA TOURNAMENTS FOR THE 2017-2018 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.

Contact NYWA with questions at info@nywa-mn.com or call the office at 800-540-4140.

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