



New Smyrna Beach PAL

Wrestling



New Smyrna Beach Police Department, 246 Industrial Park Av, NSB
386-424-2263 (Ofc. Jennifer Fike Mongosa) jmongosa@cityofnsb.com

www.nsbpal.com Ages 5-17

Drop off registration form from 1 – 5:00 p.m. Mon - Friday
at Babe James Youth Center 200 N Myrtle Ave

Child's Name _____ Birth Date _____

Parents/ Guardians _____

Address _____ Phone number _____

City & Zip _____ TEXT Phone _____

Email Address: _____

M ___ F ___ Age ___ Race ___ (optional) Grade ___ Singlet Size ___ Weight ___

FEE \$ 40.00 Cash ___ Online ___ Waiver ___ Check ___ (MAKE CHECKS PAYABLE TO: NSB PAL)

**November 5th goes to Spring Season (short break in March/April dates TBA)
Children will need Wrestling Shoes and transportation to tournament. Personal headgear is recommended. PAL will select a tournament and cover the cost of it.**

Several optional tournaments are offered through Oceanside Wrestling Club

PRACTICE at Babe James Youth Center

Monday, Tuesday, and Thursday,

Beginners from 6-7 pm Advanced 6-8 pm with Instruction beginning at 7 pm

WAIVER AND RELEASE: Please read this form carefully and be aware that when registering your minor child/ward for participation in the above program, you will be waiving a releasing all claims for injuries you minor child/ward might sustain arising out of the above program. Please list any previous injuries, conditions, or special needs about which the staff should be aware of. By signing this form, I give the City of New Smyrna Beach and New Smyrna Beach Police Athletic League permission to publish or use video images, photographic portraits or pictures of child participating in the program, along with my name, for art, advertising, trade, public information or any other lawful purpose. I recognize these are inherent rules in all recreation programs and I agree to assume the full risk of any injuries, damages or loss regardless of severity that my minor child/ward or I may have as a result of participating in the program, against, New Smyrna Beach Police Department, Volusia County School Board, the City of New Smyrna Beach, and New Smyrna Beach Police Athletic League, their officers and volunteers. I do hereby full release and discharge the aforementioned entities and their officers and volunteers from any and all claims from injuries, damages, or loss which my minor child/ward of I may have accrue to me or my minor/ward arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including, but not limited to boarding, exiting, and transporting. In the event of any emergency, I authorize officers and volunteers of New Smyrna Beach Police Athletic League, New Smyrna Beach Police Department, Volusia County School Board, the city of New Smyrna Beach to secure them any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered. Online or fax waiver signatures received for program registrations are considered as good as an original document for legal purposes. I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment and execute this waiver and with all releases voluntarily.

Parent/Guardian or adult participant signature _____ Date _____

The Volusia County School Board is not affiliated with this event in any manner, nor do they endorse or assume any responsibility for any activities, which may occur in connection with it.