

# **Ultimate Athletics: Home of Pin2win Inc.**

3 Rivers Plaza – (Freestyle/ Greco/ Folkstyle)

Mondays and Wednesdays 7pm

starting February 25-May 29,2019

\$175 per person for 3 months of Monday and Wednesdays

USA Wrestling Card only needed to compete, not practice

To get a USAW Card, go to [www.themat.com](http://www.themat.com) and click on memberships

**Bring a bottle of water.**

**Make Checks Payable to: Pin2win Inc.**

Mail to Pin2win Inc. c/o Gene Mills

4024 Pinyon Pine Path, Liverpool, NY 13090-1114

Any Questions contact Coach Mills at 315 569-2746 or email at

[genemillswrestling@gmail.com](mailto:genemillswrestling@gmail.com)

**\*\*Youth Wrestling Practice is 6-7pm- Contact Tim Boda 315 559-6177\*\***

## **2019 Pin2win Wrestling Club**

### **Registration Form**

Name \_\_\_\_\_ USAW Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ NY ZIP \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Wrestlers Cell \_\_\_\_\_

Parent/Guardians Cell \_\_\_\_\_

Authorization for Medical/Surgical Treatment

I, \_\_\_\_\_ Guardian of \_\_\_\_\_

Hereby give permission for medical or surgical treatment to be

administered to said child, and authorize a Pin2win Coach or

Trainer to act on my behalf.

Wrestler's Signature \_\_\_\_\_

Parent name (Print) \_\_\_\_\_

Parent signature \_\_\_\_\_

date \_\_\_\_\_