



Monroe Junior Falcons Wrestling Club

2023 – 2024 WRESTLING REGISTRATION NIGHTS

WHEN: Wednesday -- October 18th , October 25th and November 1st
also -- via Email: josephfiordaliso24@gmail.com
and -- via Mail to: 1018 Antoinette Drive, Monroe Twp., NJ 08831

TIME: 7:30pm-9:00pm

WHERE: Monroe Community Center, 120 Monmouth Road, Monroe Twp., NJ 08831

WHO : Grades K – 8th

FEES: For League Team - \$100 for the first child, \$75 for the second child and \$50 for the third child. (For In Town ONLY wrestlers)

KINDERGARTEN AGE -- FREE

Uniform Fee – To be ordered by Parent

MAKE CHECKS PAYABLE TO: MONROE JR. FALCONS WRESTLING CLUB

FOR MORE INFORMATION: Call Joe Fiordaliso 732-589-4530 or email – josephfiordaliso24@gmail.com

WWW.MONROEWRESTLING.COM

MONROE TWP. JUNIOR FALCON WRESTLING

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CHILD'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ **WEIGHT** _____ **HEIGHT** _____

SCHOOL _____ **GRADE** _____

YEARS WRESTLING _____ **PANT SIZE** _____ **SHIRT SIZE** _____

PARENTS NAME (S) _____

PARENTS E-MAIL ADDRESS _____

PARENTS PHONE NUMBER HOME _____

WORK _____ **WORK** _____

CELL _____ **CELL** _____

MEDICAL INFORMATION

PEDIATRICIAN'S NAME _____

PHONE NUMBER _____

DENTIST'S NAME _____

PHONE NUMBER _____

HOSPITAL OF CHOICE _____ **ALT.** _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS _____

IF YES PLEASE EXPLAIN _____

IS YOUR CHILD ON ANY DAILY MEDICINE _____

IF YES PLEASE LIST _____

DOES YOUR CHILD HAVE ANY ALLERGIES (TO MEDS OR

ENVIRONMENT) _____

EMERGENCY CONTACTS IF YOU CANNOT BE REACHED (TWO)

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE # _____ **CELL # OR PAGER** _____

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE # _____ **CELL # OR PAGER** _____

MEDICAL RELEASE

I _____ give permission to the staff of
(Parent/Guardian full name)

Monroe Township Junior Falcon Wrestling Club to authorize and/or render
Medical treatment for my son / daughter:

(Full name of child)

in the event I am unavailable.

Hospital preference: _____

Print full name: _____

Signature: _____

Relationship to child: _____

Date: _____

Witnessed by: _____

Date: _____