

Yeshiva Wrestling Association

Henry Wittenberg Wrestling Invitational 2020

SCHOOL PARTICIPATION FORM | DUE JANUARY 9th 2020

To be completed by school principal:

Name of School: _____

Name of Coach(es): _____

Name of Chaperon(es), if applicable: _____

1. Our school, _____, hereby assumes the primary responsibility for the conduct, health, and safety of our students.
2. We hereby affirm that in the event any damage is caused by one of our students that require repair or replacement, our school, _____, will assume the cost for repairing or replacing the item.
3. Enclosed is a check payable to FJC, with "Yeshiva Wrestling Association" listed in the memo, for \$300.00. This will reserve a space for our school in the tournament and indicates our intention to participate.
4. We understand that in order for our school's team to participate in the tournament, we must add "The Frisch School" as additional insured on our insurance and we must provide a copy of the updated Certificate of Insurance to the YWA by Jan 9th.

Name of Principal: _____

Principal's Signature: _____

Date: _____

Contact Information:

Principal's Email Address: _____

Principal's Phone Numbers: _____

Coach's Email Address: _____

Coach's Phone Numbers: _____