

2009-2010 NYWA Membership Form

NYWA requires all participants to purchase an annual membership to the organization. The membership is valid from 9-01-09 to 8-31-10 and allows wrestlers to participate in all NYWA, Inc. sanctioned tournaments, both individual and team. **The membership includes a secondary medical policy which covers your wrestler in the event of an injury at any wrestling practice or tournament.** Please review the information regarding the secondary insurance at the bottom of this form. 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. Return the form along with \$12.00* to address shown in the center of this page. A confirmation email will be sent to you once the registration is processed so please write clearly. **NYWA does not have any membership cards.** You will receive an email with a membership # and this membership # will remain your wrestler's # as long as they participate in NYWA. The membership ID # you receive will remain the same year after year. **Please print off the confirmation email with you to ALL TOURNAMENTS! To ensure receipt of the confirmation email, please add NYWA to your address book ~ the email to add is info@nywa-mn.com.**

PLEASE PRINT CLEARLY TO AVOID ERRORS – THANK YOU!

NAME*: _____ GRADE*: _____ AGE*: _____

ADDRESS*: _____ PHONE*: _____

CITY*: _____ ZIP*: _____ EMAIL*: _____

WRESTLING CLUB*: _____ BIRTHDATE*: _____
(Month, date and year)

Please check if this is a New Membership
new membership or a renewal: Renewal NYWA Membership # _____

(If you participated in NYWA last year, you most likely have a member #. If you don't remember it but know you participated, please just check the renewal box and we will look it up)

MAKE CHECKS PAYABLE TO NYWA, INC. and SEND TO:

NYWA, Inc.
PO Box 567
Grand Meadow, MN 55936
Office: 507-754-4491
Fax: 507-754-4508
Email: info@nywa-mn.com

WAIVER: The original waiver signed will remain on file year after year. NYWA memberships will be valid from 09/01/09 to 08/31/10.

I GIVE PERMISSION FOR THE ABOVE NAMED PARTICIPANT TO WRESTLE IN ALL NYWA TOURNAMENTS FOR THE 2009-2010 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)

TEAM COACHES: If you are sending in memberships for your entire team/club, please print off form and make copies for each wrestler. **A parent or legal guardian MUST SIGN this form – not the coach! The forms can all be sent at once to NYWA. Please provide an email, either for the coach or parent who would like to receive the confirmation email with the Membership #.**

SECONDARY INSURANCE: Secondary Insurance covers a wrestler up to \$25,000 with a \$250.00 deductible. Wrestlers who purchased memberships anytime between 09/01/08 to 08/31/09 are not covered. Wrestlers are covered during practice, at any NYWA tournament as well as all other tournaments and practices they attend during the season. **A copy of this form is available at www.nywa-mn.com. New memberships or renewals can be completed online.**