

York Wrestling League

Send application and fee(\$150) to: Shannon Gocke 402 362 9008
641 W. 5th
York, NE 68467

Shannon.gocke@yorkdukes.org

Make checks payable to York Summer Wrestling League **Deadline: May 31st**

Team Name _____ Contact Person _____

PLEASE CIRCLE ONE: BOYS TEAM GIRLS TEAM

Contact person Phone _____ Email _____

Wrestler's Name(please print)	Grade	Level	Weight	T-Shirt size
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Grade is for 2023-2024 (incoming freshmen are eligible)

Level is based on ability 5 State Placer 3 Winning Varsity

 4 State Qualifier 2 Varsity

 1 JV, beginning

Parents Release and Indemnity Agreement

I hereby request that you accept application for enrollment of the following student/athletes listed below in the York Summer Wrestling League, beginning June 5th, 2023. In consideration of the acceptance of this application, we or I, and the student/athletes listed, hereby release York Summer Wrestling League, Shannon Gocke, and all League employees and agents from all claims on account of injuries which may be sustained by our (or my) son while attending the York Summer Wrestling League in York, Nebraska; and we (or I) agree to indemnify York Summer Wrestling League, Shannon Gocke and all League employees and agents of any claim which may hereafter be presented by our (or my) minor son as a result of such injuries.

	Wrestlers Signature	Parents Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____