

# SASKWRESTLING

Saskatchewan Amateur Wrestling Association  
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**2019 NON COMPETITIVE SHORT TERM SAWA MEMBERSHIP FORM**  
**ALL PAYMENTS DUE WITH REGISTRATION**  
**Participants have no insurance coverage until completed forms and fees are submitted**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Preferred) \_\_\_\_\_ (Secondary) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Hospitalization #: \_\_\_\_\_

\_\_\_\_ Senior Athlete \_\_\_\_ Junior Athlete \_\_\_\_ Juvenile Athlete \_\_\_\_ Cadet Athlete  
\_\_\_\_ Bantam Athlete \_\_\_\_ Pee Wee Athlete \_\_\_\_ Novice Athlete \_\_\_\_ Freshie Athlete

**Use of Image:** I hereby grant Saskatchewan Amateur Wrestling Association to use at their sole discretion any information and/or photographs of or about myself for publicity, advertising or other promotion. I understand that this may include written, pictorial, or video material.

Wrestler Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

