

REGISTRATION FORM: PLEASE WRITE NEATLY

Wrestler Name: _____ Age: _____ Grade _____ Weight _____

HS/MS/Youth Program: _____

Email: _____

Parent Name: _____

Parents Cell Phone #: () _____

Emergency Contact Name/phone: _____

Allergies or Health concerns: _____

T-Shirt \$15 each w/ last name on back (Optional)

T-SHIRT SIZE _____ number of t shirts _____ Last Name (back of shirt) _____

Parent/ Guardian Waiver and Release Form

You agree that you are aware that the child named above will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness, or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, physical or psychological injury, skin infection, pain, suffering, illness, disfigurement, temporary or permanent, temporary, total or partial disability, disfigurement, paralysis and other losses or damages to person, or property or death, arising from my participation in wrestling and general fitness training. You understand that your child is voluntarily participating and will assume all risks as outlined. You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents. You understand that we will make no evaluation or recommendation as to whether the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices, or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise, or club activity. I understand and confirm that by signing this waiver and release that I have given up considerable future legal rights. I have signed this WAIVER and RELEASE freely, voluntarily, under no distress or threat of duress, without inducement, promise, or guarantee being communicated to me. I acknowledge that I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning and intent. I hereby represent that I am the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

Parent or Guardian's Name: (Print) _____ Date _____

Parent or Guardian's Signature _____