

Belgrade Wrestling Club

2018/2019 Registration Form

Wrestler Name _____ Date of Birth _____ Age _____

Grade _____ School _____ Yrs. Exp. _____ Male _____ Female _____

Approx. Weight _____ T-Shirt Size: Youth S M L XL Adult S M L XL

Primary Address _____

Parent/Guardian 1 _____ Phone _____

Parent/Guardian 2 _____ Phone _____

*Email(s) _____

Please write clearly, email is primary form of communication, which may include sudden changes in tournament or practice schedule. If email is not available to you, please indicate how to best contact you.

Siblings Also Wrestling With Belgrade Wrestling Club _____

Are you interested in Coaching? **Y N** Name & Contact # _____

Email _____ Shirt Size : S M L XL XXL

Have you completed the AAU positive Coaches Course? **Y N** Is your membership current? **Y N**

Emergency Contact _____ Phone _____

Allergies _____ Medication _____

Medical Conditions _____

I, _____ (Parent/Guardian) agree that the registrant(s) and I recognize the possibility of physical injury associated with wrestling, and in consideration of the Belgrade Wrestling Club accepting the registrant for its wrestling program, I hereby release, discharge, and/or otherwise indemnify Belgrade Wrestling Club against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the program. Belgrade Wrestling Club cannot be held liable for injuries sustained during practice or tournaments.

Parent/Guardian Signature _____ Date _____

I _____ (Parent/Guardian hereby give permission for any and all medical attention to be administered to any of my above listed children in the event of an accident, injury, sickness, etc. Until such time as I may be contacted. I also assume responsibility for payment of such treatment. This release is effective for the period of one year from the date given below.

Parent/Guardian Signature _____ Date _____

