

JUNIOR PATRIOT WRESTLING REGISTRATION

(The club communicates a great deal via email, so if possible, please provide email addresses which we can send club-related information to. We will not use your email address for any other purpose.)

ATHLETE NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

PHONE(S): _____

PREFERRED EMAIL: _____

D.O.B.: _____ AGE (as of 11/4/08): _____

GRADE: _____

SCHOOL: _____

FATHER'S NAME: _____

ADDRESS (if different): _____

HOME PHONE: _____

EMPLOYER: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

MOTHER'S NAME: _____

ADDRESS (if different): _____

HOME PHONE: _____

EMPLOYER: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

REGISTRATION: \$ _____ UNIFORM DEPOSIT \$ _____

PAID CASH/CHECK # _____ CASH/CHECK \$ _____

PAID BY: _____ BIRTH CERT RECEIVED? _____

In consideration of your acceptance into this program, I, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release the Parkway School District and Parkway South Jr. Patriot Wrestling Program, their coaches, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly or indirectly in training, or traveling to or from, or competing in, or attending the Parkway South Jr. Patriot Wrestling Program. All the information given is true and anyone falsifying information will be dropped from this program.

Parent Signature

Date

Athlete Signature

Date