

Jr. Patriot's Wrestling Club Registration

Wrestler Information

| | | |
|-----------------------------|---------------------|----------------------|
| Name: _____ | | |
| Date of Birth: _____ | Age: _____ | Weight: _____ |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Home Phone : _____ | Grade: _____ | School: _____ |

Parent / Guardian Information

| Name | Relationship | Home Phone | Cell Phone | Email |
|------|--------------|------------|------------|-------|
| | | | | |
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Medical History

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|----------------------------------------------------------------------------------------------------|
| Please list any medical history and Allergies: _____ _____ _____ _____ _____ |
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Emergency Contacts

| Name | Relationship | Phone Numbers |
|------|--------------|---------------|
| | | |
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| | | |

Health Care Information

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|------------------------------------------------|-----------------------------|
| Physician Name: _____ | Office Number: _____ |
| Health Insurance: _____ | Policy Number: _____ |
| Preferred Hospital for treatment: _____ | |

Parent/Guardian Consent

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. AS THE PARENT OR LEGAL GUARDIAN, I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DOCTOR OF MEDICINE.

IT IS THE SOLE RESPONSIBILITY OF THE PARENTS TO PURCHASE WRESTLING SHOES AND HEADGEAR. YOU WILL BE NOTIFIED OF ALL TOURNAMENTS IN ADVANCE. ANY AND ALL TOURNAMENTS ARE AT YOUR DISCRETION.

Signature: _____ **Date:** _____

For Administrative Use Only

Fees

- Registration Fee \$130**
- 2nd Child Registration Fee \$100 (if applicable)**
- Deposit \$50 Check #** _____

- Check #** _____ **Cash** **Total:** _____

- Shirt Size** _____ **Singlet Size** _____ **Bag** _____

Required Documentation

- 1 Copy of Birth Certificate**