

MATWRATS WRESTLING CLUB PARTICIPANT & REGISTRATION RELEASE FORM

(Please Print clearly)

Name of Participant: Last, First, Middle Age: _____

Gender:

M F

Date of Birth: _____ Grade: _____

School _____

Address: Street, City, State, Zip _____

Email Address: _____

Parent/Guardian Phone Numbers: _____

Day: _____ Evening: _____

Cell Phone Number: _____

Emergency Contact: Relationship to Participant: _____

Phone Number Where Emergency Contact May Be Reached: _____

Release of Liability

The undersigned participant and his/her parent/legal guardian agree to hold Matwrats Wrestling Club, its coaches, trustees, and volunteers harmless from any claims, damages, losses and/or expenses arising out of participation in wrestling activities and to assume all liability for any and all personal injury, body injury, illness or property damage that occurs as a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the wrestling club activities. The participant understands that these risks exist despite the wrestling club's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by the wrestling club coaches and trustees.

Health Insurance Verification

The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all wrestling activities and that there is and will be adequate health insurance coverage in force for the term of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in the wrestling club activities.

In addition, the participant and his/her parent/legal guardian agree to give the Matwrats Wrestling Club and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in wrestling activities and agree to release the Matwrats Wrestling Club and its representatives from all liability arising out of such treatment.

Medical Conditions/Allergies/Physical Limitations or Restrictions

Please list any/all allergies or physical limitations that the coaches or volunteers should be aware of (if none, please write NONE): _____

Fees: Club registration- \$FREE (\$FREE for each additional child). To wrestle at a USA wrestling tournament you will need to purchase a separate USA membership which insures you child at the USA tournaments. We will Explain, it is NOT required to start practicing in our club.

Uniform: "RENTALS" (singlets) are handed out and are the responsibility of the wrestler/parent. We **hold** a \$50 check as a deposit until they are returned at the end of the year in good shape. We recommend a pair of shorts and t-shirt for practice. A pair of wrestling shoes would be helpful for the proper execution of moves. Head gear is not required, but recommended for the younger kids. Older kids, over Novice, head gear is required.

Information: All information collected is for Club use only. Images at practice and tournaments may be use to promote our club. Names and address are not released without prior parent consent.

Commitment: Our club is free, in return for three free months of practice we ask for you to volunteer you time in April for our two tournaments we run. This supports our club operational costs for the whole season and will continue to provide this free service for all children and parents.

Parent/Legal Guardian: (Please Print) _____

Parent/Legal Guardian Signature: _____

Date: _____

Uniform # _____

DEPOSIT PAID _____ CHECK# _____

USA CARD # _____