

Franchise
USA CARD #

Receipt #
Returning

Ck/Cash
Age (By Dec 31)

_BC
Weight

CLUB USE ONLY DO NOT WRITE IN THIS AREA

**Shelton Wrestling Club
REGISTRATION AND RELEASE FORM**

\$100

SHIRT SIZE: YOUTH S M L ADULT S M L XL PERSONALIZATION ON BACK OF SHIRT _____

**ALL PREVIOUS FEES MUST BE PAID TO DATE BEFORE WRESTLER CAN BE REGISTERED FOR CURRENT SEASON

CHILD'S LEGAL NAME _____ NICK NAME _____

CHILD'S DATE OF BIRTH _____ AGE (BY Dec 31) _____ WEIGHT _____ HM PHN _____

ADDRESS _____ CITY _____ ZIP _____

FATHERS NAME _____ HM PHONE _____ WK PHN _____

MOTHERS NAME _____ HM PHONE _____ WK PHN _____

EMAIL _____ SCHOOL & GRADE _____

EMERGENCY CONTACT PERSON _____ PHONE _____

EMERGENCY CONTACTS'S RELATIONSHIP TO PLAYER _____

HAS CHILD PREVIOUSLY PARTICIPATED IN JR WRESTLING? NO YES WHERE

DOES YOUR CHILD HAVE ANY MEDICAL, ALLERGIC, OR BEHAVIORIAL ISSUES? NO YES

EXPLAIN _____

PHYSICIAN _____ PHONE _____

INSURANCE PROVIDER _____ ID/POLICY # _____

I UNDERSTAND THAT MY REGISTRATION IS NOT COMPLETE UNTIL THE REGISTRATION FEE HAS BEEN PAID IN FULL AND A COPY OF MY ATHLETES BIRTH CERTIFICATE HAS BEEN RECEIVED.

X _____ DATE _____

PARENT/GUARDIAN SIGNATURE

ALL CHILDREN REGISTERED WITH THE SHELTON WRESTLING CLUB WILL BE INSURED BY A SECONDARY CARRIER PROVIDED BY USAWRESTLING, EFFECTIVE AFTER PARENT/GUARDIAN INSURANCE HAS BEEN EXHAUSTED. THERE IS A DEDUCTIBLE ON THE USAW INSURANCE. SHELTON WRESTLING CLUB RECOMMENDS A PHYSICAL EXAMINATION FOR YOUR CHILD PRIOR TO PARTICIPATION.

CONSENT TO MEDICAL CARE AND TREATMENT

I, (PARENT/GUARDIAN NAME), _____ AUTHORIZE ALL MEDICAL AND SURGICAL TREATMENT, X-RAY LABORATORY, ANESTHESIA AND OTHER MEDICAL HOSPITAL PROCEDURES AS MAY BE PERFORMED OR PRESCRIBED BY A LICENSED PHYSICIAN AND FACILITIES FOR (CHILD'S NAME) _____. **IF THIS PORTION OF THIS REGISTRATION FORM IS NOT SIGNED BY A PARENT TO PERMIT MEDICAL TREATMENT WITHOUT NOTIFICATION, PARENT MUST BE AT EVERY PRACTICE AND GAME, SHOULD CHILD REQUIRE MEDICAL ATTENTION.**

X _____ DATE _____

PARENT/GUARDIAN SIGNATURE

HOLD HARMLESS AGREEMENT

WRESTLING IS A VIGOROUS ACTIVITY AND THE POSSIBILITY OF INJURY DOES EXIST. I GIVE APPROVAL AND PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SHELTON WRESTLING ASSOCIATION. I HEREBY WAIVE ALL CLAIMS AND LEGAL ACTION, FINANCIAL OR OTHERWISE, AGAINST THE ABOVE JUNIOR WRESTLING CLUB, IT'S ELECTED AND APPOINTED OFFICIALS, OR ANY VOLUNTEER CONNECTED WITH THE PROGRAM FOR INJURIES WHICH MIGHT OCCUR DURING PRACTICE, TRAVEL OR GAME COMPETITION.

X _____ DATE _____

PARENT/GUARDIAN SIGNATURE

RECEIVED COPIES OF CONCUSSION INFORMATION SHEET AND SHELTON WRESTLING CLUB CODE OF ETHICS

X _____ DATE _____

PARENT/GUARDIAN SIGNATURE