



# All Star Wrestling Club

## Registration Form

### Wrestler's Information:

Last Name: _____	First Name: _____
Date of Birth: _____	Address: _____
Grade: _____	_____
Weight: _____	City: _____
School: _____	State: _____
Shirt Size: _____	ZIP Code: _____

### Parent or Guardian's Information:

Father's Name: _____	Mother's Name: _____
Primary Phone: (_____) _____	Primary Phone: (_____) _____
E-mail: _____	E-mail: _____
_____	_____
<b>Additional Contact Information:</b>	<b>Additional Contact Information:</b>
_____	_____
_____	_____
_____	_____

**Additional Information:**

List any and all medical problems or issues athlete has:

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Insurance Carrier: \_\_\_\_\_

ID Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Please Read and Sign Below:**

The undersigned parents/guardians of the above-named player hereby give my/our approval to participate in any and all All Star Wrestling Club activities. I/We assume all risks and hazards incidental to such participation (including practices) and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify, and hold harmless the wrestling club, organizers, sponsors and the supervisors, any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them. In case of emergency, as the parent or guardian of the above-named wrestler, I hereby give my consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the well-being of the wrestler.

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_