

# Leopard Wrestling Club

## Registration Form

Shirt size: YS YM YL AS AM AL AXL

Name you would like on child's shirt \_\_\_\_\_

Wrestler's name: \_\_\_\_\_ weight: \_\_\_\_\_

Address:(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Are you a Rostraver Twp. Resident? Y/ N Home Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Years of Wrestling Experience: \_\_\_\_ (1<sup>st</sup> year = 0 years of experience)

Age as of 12/31/2013 \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Info: (only complete address if different from above)

Mother's Name: \_\_\_\_\_

Address:\_(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Info: (only complete address if different from above)

Father's Name: \_\_\_\_\_

Address:\_(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any medical conditions or Allergies that the coach should be aware of:

\_\_\_\_\_

Make checks payable to: Leopard Wrestling Club

\$50 Registration Fee - 1<sup>st</sup> child, each additional is \$45

\$75 Singlet deposit (the check will be returned if you return your singlet)

Contact email: [bvawrestling@gmail.com](mailto:bvawrestling@gmail.com)

# Leopard Wrestling Club

## Medical Release Form

Wrestlers Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address:(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Insurance Information:

Insurance Co: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Any known medical conditions or allergies: \_\_\_\_\_

\_\_\_\_\_

### Parent Consent & Waiver of Responsibility

It is agreed that wrestlers, wrestling staff, wrestling board members or organizers are not responsible for any injuries. It is also agreed that the host facility is not responsible for any injuries. It is agreed that all risks attendant to watching and/or participating in activities, including, but not limited to bodily risk is acknowledged, approved, and agreed to by said wrestler and his parents/or legal guardian as indicated by their signature hereto.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_