

Ogallala Youth Wrestling Club Registration

Wrestlers Name _____ Grade _____

Address _____ Weight _____ Birthdate _____

Parents/Guardian Name _____

Parent/Guardian Contact info: Home Phone _____ Mom's Cell _____

Dad's Cell _____ Email _____

Do you have a primary health insurance policy? Yes _____ Insurance Co. _____

Ins. Number _____

Any Medical Conditions that we need to know? _____

Allergies? Yes _____ No _____

Another person to contact in the event of an emergency:

Name _____ Phone _____ Cell _____

I/We the parents or guardian of the above named wrestler/child hereby give my/our approval for my/our child to participate in Ogallala Youth Wrestling practices &/or tournaments; and I/we for myself/ourselves, my/our heirs, executors and assigns do hereby waive, release, absolve, indemnify and agree to hold harmless the **Ogallala Youth Wrestling, and the Ogallala Public Schools**, the organizers, sponsors, participants, coaches, directors; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause. In the event of a medical emergency affecting my/our child and I/we am/are **not present**. I/we **hereby give my/our consent to seek emergency medical treatment for my/our child**. I/we will furnish a birth certificate of the above named child to club officers if requested. I/We also agree to return by the deadline of **May 15** of the current year, the singlet and other equipment issued to my/our child as good as condition as when received, except for normal use or wear and tear. I/We have read the above waiver and release. I/We have signed it voluntarily. By signing this waiver you are allowing your child's name and/or image on our website.

Signature _____ Date _____

(Father/Guardian)

Signature _____ Date _____

(Mother/Guardian)

Office Use:

Registration \$40.00 Date ____/____/____ pd by check # _____ Cash _____

Late Registration After December 15, 2015 \$50.00 Check# _____ Cash _____

Singlet Deposit \$75.00 Check # _____ Cash _____ Number _____

AAU Card # _____ Singlet returned Yes _____ No _____