

JUNIOR COUGAR WRESTLING CLUB

Registration Form

Wrestler's Name: _____

Wrestler's Primary Address (Please include Zip Code):

Date of Birth: ____/____/____ Age: ____ Weight: ____

Number of Years Wrestled: _____

School: _____ Grade: _____

Father: _____	Mother: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

T-Shirt Size (Circle one) YS YM YL AS AL AXL AXXL

Shorts Size (Circle one) YS YM YL AS AL AXL AXXL

We, the parents/guardians of the above named wrestler hereby give our permission for our child to participate in the Junior Cougar Wrestling Club and all activities associated with the wrestling program. We assume all the risks and hazards incidental to such participation. We do hereby release, resolve, indemnify, and agree to hold harmless the Junior Cougar Wrestling Club, Cherokee Trail High School and parties or persons involved from any claims arising from injury. We also understand that the Junior Cougar Wrestling Club does not carry primary accident or liability coverage for its participants. We understand it is our responsibility to provide insurance coverage for our child. We also understand that our child(ren) will not wrestle for any club other than the Junior Cougar Wrestling Club during the season.

Parent/Guardian Signature: _____ Date: _____

Official Use Only:

Payment Amount: Cash: _____ Check: _____ Received by: _____