Paulding County Wrestling Club

Youth Wrestling Registration Form

Complete one form per child

A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS ANNUALLY.

## APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant’s Name: |  |  |  | Age: |  | Date of Birth: | |  |
|  | Last | First | M.I. |  |  | |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | | | Parent/ Legal Guardian’s Name: | | |  | | |  |  | |
| E-mail Address: | | |  | | | | | | | | |
| Home Phone: | |  | | | Cell Phone: |  | | Work Phone: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IN CASE OF EMERGENCY** | | | | |
| Contact # 1 |  |  | Contact # 2 |  |
| Name: |  |  | Name: |  |
| Address: |  |  | Address: |  |
| Home #: |  |  | Home #: |  |
| Cell #: |  |  | Cell #: |  |
| Work #: |  |  | Work #: |  |

|  |  |  |
| --- | --- | --- |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | |
| Participant’s Allergies: |  |

|  |  |
| --- | --- |
| Participant’s Medical Conditions: |  |
|  |  |
| **MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE PAULDING COUNTY WRESTLING CLUB.** | |
|  | |
| Name of Participant’s Physician: |  |

|  |  |
| --- | --- |
| Physician’s Telephone: |  |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | |

## WAIVER OF LIABILITY RELEASE FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am aware of the nature of this activity and I hereby assume responsibility for | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | *Participant’s Name* | | | | | | | | | | |
| to participate and to be photographed for publicity purposes. I will not hold the Paulding County Wrestling Club and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Paulding County Wrestling Club prior to participation in this program. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Legal Guardian Signature: | | | | |  | | | | | | | | | | Date: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Amount Paid |  | Cash App | [ ] | Card | | [ ] | Money Order | [ ] | Cash | [ ] | Reciept No. | |  | | | Received by | | |  | | Date |  |
|  |  |  |  |  | |  |  |  |  | |  | | |  | | |  | | |  |  | |