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 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |