**All-American Wrestling Club**

**Registration**

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|  | **INFORMATION** | | | | | | | | | |
| **Name:** | |  | |  | | | | **DOB:** |  | |
| **Wrestling**  **Experience Years:** | |  | **T-shirt  Size:** | |  | **Short Size:** |  | **Grade:** |  |  |
| **School:** |  | | | | |  | **Today’s date** |  | **Weight:** |  |
|  | Medical Concerns: Is there ANYTHING we should know to ensure your child is receiving the highest quality training and/or anything that would preclude your child from participating in wrestling activities.  I.e. allergies (food, bees, etc.), heart conditions, asthma, etc. | | | | | | | | | |
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|  | **HOUSEHOLD CONTACT INFORMATION**  **(Please \* Primary Emergency Contact Number)** | | | | | | | | | | | | |  |
| Address | | |  | | | | City | |  | | | Zip |  | |
| Phone (Home) | | | (         ) | |  | Father/Legal Guardian | | | | |  | | | |
| Cell-Primary | | | (       ) | |  | Mother/Legal Guardian | | | | |  | | | |
| Cell-Primary | | | (         ) | |  |  | |  | |  | |  |  | |
| Primary Email Address | | | | |  | | | | | | |  | | |
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**This form and waiver must be completed and signed by a legal guardian before a child can participate in the All-American Wrestling Club Program.**

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|  | **PICK UP/DROP OFF INFORMATION [I/We hereby request that the participant/minor named above be released from All American Wrestling Club only to persons whose SIGNATURES appear below.  I/We understand that All American Wrestling Club will adhere and respond ONLY to this written request, and that any change must be made in writing accompanied by appropriate signatures.  All American Wrestling Club staff will require signature(s) prior to the release of the participant/minor IF identity is in question.]**  **(Please provide ALL persons OTHER than parent/guardian(s) who are authorized to pick up your child from All American Wrestling Club—i.e., brother/sister, uncle, family friend, etc.)** | | |  |
| Name &  Cell: | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name &  Cell: | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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|  | | **Fees:  Club fee is $100 per month.  Please use PayPal at -**[**paypal.me/CoachMarcSodano**](https://www.paypal.com/paypalme/my/profile)  **Cash or check payable to Marc Sodano are also acceptable.**  Payments should be made at the beginning of each month  Location – Fuquay Sports Center 6109 NC Hwy 55, Fuquay Varina \* August 8th th first date,  Tuesday and Thursday, 6:00 - 9:00 till October 15 \* K-8 6:00 pm – 7:30 , HS 7:30 – 9:00 pm \* Two groups, HS division and K-8 division | | |