

First practice/Season start will be Monday October 28th, 2024



OAK HARBOR AMATEUR WRESTLING CLUB APPLICATION

Wrestlers Name: _____ Telephone: _____

Address: _____ E-Mail: _____

City: _____ Zip: _____ Emergency No: _____

School: _____ Age: _____ Grade: _____ DOB: _____

Weight (estimated): _____ Years of wrestling experience: _____

T-shirt size for wrestler: Child M – L - XL or Adult S- M- L- XL (please circle one)

Please list a person to contact in the event of an emergency and we are unable to reach you:

Name: _____ Relationship: _____ Phone: _____

Please read the statements below and sign:

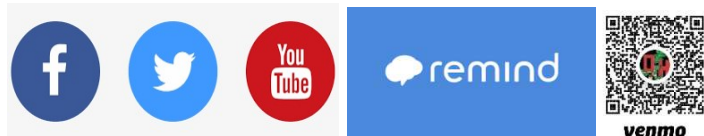
1. If my child needs medical treatment while participating, I authorize that treatment begins while efforts are being made to contact me or alternate contact. So the treatment is not delayed, I consent to any medical procedure that the physician believes needed, on the understanding that efforts will continue to be made to contact me or alternate contact. I accept responsibility for all costs related to such treatment.
2. I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Oak Harbor Amateur Wrestling Club, Benton-Carrol-Salem Schools, any coaches, volunteers, tournament officials, tournament directors, workers, and all representatives from any and all claims of right to damages for any injury suffered by me or my child directly or indirectly as a result of competing with Oak Harbor Amateur Wrestling Club.
3. I GRANT permission for Oak Harbor Amateur Wrestling Club to publish videos, photos, images, and descriptions of my child, including his or her name, on the Club's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

Parent/Guardian Print: _____ Signature: _____ Date: _____

Biddy Fees - \$50.00 per individual (Cash, Check, or Venmo accepted)

- This INCLUDES a Team T-shirt and the \$10.00 use fee to BCS Schools
- Make Checks Payable to: Oak Harbor Amateur Wrestling Club

SEE US ON.....



www.oakharboramateurwrestling.com

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DO NOT FILL IN- Treasurer will complete:

Biddy Wrestling Fee paid on this date: _____ Form of Payment: _____

"A Tradition of Excellence"