

DEL NORTE YOUTH WRESTLING CLUB
REGISTRATION FORM

Name: _____ Birth Date: _____ USA WRESTLING CARD# _____

School: _____ Grade: _____ Gender: _____

PARENT/Guardian: _____ Phone: _____

Address: _____ City: _____, CA Zip: _____

Email: _____

Practice Location Preference (please select only 1) Crescent City Klamath

Emergency Contact: _____ Phone: _____

Any known Health Condition that may interfere with wrestling: _____

I WOULD LIKE TO GET INVOLVED! COACH Group Parent _____

As the parent/guardian of _____, I hereby give my permission for his/her participation in the Del Norte Youth Wrestling Club. I assume all risks and hazards incidental to the conduct of the activities aforementioned, and the transportation to and from said activity. I do further release, absolve, indemnify and hold harmless Del Norte Youth Wrestling Club, its organizers, sponsors, coaches, and volunteers, any or all of them. In case of injury to my child, I hereby waive all claims against its organizers, sponsors, and any of its leaders appointed to them. It is further understood that Del Norte Youth

Wrestling Club will not provide insurance.

Parent/Guardian Signature

Date

The cost to participate is: \$100.00

(\$115 post Registration Deadline TBA)

\$50 Club fee

\$50 Card fee

Please make checks payable to:

DEL NORTE YOUTH WRESTLING CLUB

(There is a \$25 return check fee on all returned checks)

CLUB USE ONLY PAID UHIS DNCHHS Shirt USA Wrestling Card Birth Certificate Season: _____