

South Kitsap Wrestling Club "Registration" Form

Participant First Name	Participant Last Name	Date of Birth
Address	City	Zip Code
Parent/Guardian 1 First and Last Name		Relationship
Home Phone	Cell Phone	Work Phone
Email Address (Please Print, this is our MAIN form of communication)		
Parent/Guardian 2 First and Last Name		Relationship
Home Phone	Cell Phone	Work Phone
Email Address (Please Print, this is our MAIN form of communication)		

School	Grade
Previous Wrestling Experience	Last years Team (Gold, White etc)

I represent that I am the parent or legal guardian of this child and hereby give my permission and assume full responsibility for my child while participating in the South Kitsap Wrestling Club activities. I hereby release SKWC, South Kitsap School District, its members, volunteers and coaches from any and all liability whatsoever. I hereby agree to assume all risks and hazards incidental to the activities of the SKWC.

Parent/Guardian Signature: _____ Date: _____

Official Use Only					
Age on 12/31	Weight	Experience	Team	Shirt Size	Team Fee