



Brighton Wrestling Club

Wrestler's Name _____

Address _____

Birth date _____ USA Wrestling # _____

Parent/Guardian Name(s) _____

Phone # _____ Email _____

Shirt Size (circle one) YXS YS YM YL YXL S M L XL 2X Grade _____

Insurance – Please include a copy of your insurance card.

Athlete Photo Permission Form

___ I give permission to Brighton Wrestling Club (BWC) to post pictures of my child _____ on their Facebook page and website www.brightonwrestling.org. I understand that my child's full name will never accompany their photo.

___ I do NOT give permission to BWC to post pictures of my child _____ on their website.

I am the parent/legal guardian of the child noted in this document and hereby fully release and discharge BWC, its officers, employees, agents and volunteers from any liability arising out of connection with the above described independent activity.

Parent Guardian Signature

Date

Please sign me up for TeamSnap to receive team notifications.

*****Please note, this is the only way for BWC to communicate with parents.*****

Parent 1 Email _____ Cell Phone _____

Parent 2 Email _____ Cell Phone _____

You will receive an email inviting you to sign-up to receive emails and/or text messages. Be sure to set-up your account in order to stay up to date with current happenings as well as practice schedule changes or cancellations.

Wrestler's Name _____



Brighton Wrestling Club Liability Waiver and Parent Conduct

Wrestler's Name: _____

Date of Birth: _____ USA Wrestling Card #: _____

Parent/Guardian Name(s) _____

Phone: _____ Email: _____

Parent Rules:

PLEASE READ AND INITIAL below confirming you have read and understand each rule:

_____ Always show respect for the opposing players, coaches, spectators and support groups.

_____ No coaching, yelling or talking to my child while they are on the mat.

_____ No sick kids at practice, including a cough, sore throat, fever, or runny nose.

_____ Maximum capacity in our wrestling room is 50. If we reach our max, we will have parents leave and come back for your child. Please consider leaving other family members at home during practices and limit to one parent.

_____ Initial here stating you have read and understand the below refund policy.

Refund Policy: In the event of cancellation before the season begins, we will issue a credit worth 100% of paid value for future use. Monetary refunds will not be issued under any circumstances. No refunds or credits will be issued for any reason after the session has started.

I hereby give permission to the participant listed on this form, myself or my child, to participate in Brighton Youth Wrestling Club practices and club activities. I understand that wrestling is a physical sport and there is a risk of injury. The coaches and referees will exercise all reasonable care to avoid accidents. My signature below releases Brighton Youth Wrestling Club and all of their officers and agents from any and all legal claims or rights to damages for injuries or losses suffered to me or my child directly or indirectly while training or traveling to and from participation in any Brighton Youth Wrestling Club activity for any session or season.

Parent/Guardian's Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Wrestler's Name _____



BWC 2024-2025 Registration

Age Groups:

Tikes – Ages 4-6 years old

Youth 1 – Ages 7-15 years old (not in high school) with less than 3 years experience

Youth 2 – Ages 7-15 years old (not in high school) with 3+ years experience

2024 TIKES 6 week Session 10/29/24 – 12/08/24 (no practice 10/31 or 11/21)

- Tikes – Tue./Thur. 5:30-6:15 p.m. **\$150** (price includes 12/8/24 BWC Top Dog tournament fee)

2024-2025 Folkstyle Season 10/14/24 – 2/21/25 (no practice 10/31, 11/21, 12/23/24 - 1/2/25)

YOUTH 1 & YOUTH 2 - \$400

- **Youth 1** – Mon. 5:30 – 6:45 p.m., Tue. 6:30 – 8:00 p.m., Wed. 5:30 – 6:45 p.m.
- **Youth 2** – Mon. 7:00 – 8:30 p.m., Wed. 7:00 – 8:30 p.m., Thur. 6:30 – 8:00 p.m.

Club T-Shirt included with registration.

We will hand out shirts on picture night which will be held Monday, November 18, 2024

Sibling Discounts: 50% sibling discount for a child in the same household for a class of equal or lesser value.

2024 Full Payment Received: Date _____ Amount \$ _____

Cash _____ Venmo _____ Check # _____ Credit Card _____

we accept credit cards however there is a 5% fee on each transaction

Registration Paperwork complete _____

Payment made in full _____

Copy of USA Card _____

Brighton Wrestling Representative

Date