

Brighton Wrestling Club

Wrestler's Name _____

Address _____

Birth date _____ USA Wrestling # _____

Parent/Guardian Name(s) _____

Phone # _____

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.

_____ 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 Freestyle Registration

2024 Freestyle Session will run from 3/11/24 – 5/25/24 - \$150

2024 Full Payment Received: Date _____ Cash ___ Venmo ___ Check # _____ Credit Card \$ _____
(credit card fee add \$8, total due \$158)

Registration Paperwork complete _____

Copy of front & back of Insurance Card _____

Copy of USA Card (*must be full athlete membership*) _____

Brighton Wrestling Representative

Date