

DEL NORTE WRESTLING, INC
CLUB REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: _____ GENDER: _____

SCHOOL: _____ GRADE: _____

Any known Health Condition that may interfere with wrestling: _____

PARENT/Guardian: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____, CA ZIP: _____

Email: _____

PARENT 2/Guardian2: _____ PHONE: _____

Email: _____

I hereby acknowledge that I have received and understand the Del Norte Wrestling Code of conduct. By signing below, I commit myself, my child, and family to following the rules as set forth in the Code of Conduct.

Initial: _____

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

REGISTRATION FEE
\$140 (70 CLUB, 70 USA CARD)
2025 FREESTYLE Season

Please make checks payable to:
DEL NORTE WRESTLING, INC
(There is a \$25 return check fee on all returned checks)

CLUB USE ONLY ☐ KPN ☐ UHIS ☐ _____ ☐ USAW# _____ ☐ Birth Certificate Season: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____



DEL NORTE YOUTH WRESTLING CLUB

Parental Consent form for the use of Photography/Names of minor wrestlers

Occasionally, your child may be photographed in connection with Del Norte Youth Wrestling Club. These photographs may be taken at tournaments or at practice. DNYWC may use these pictures for the following purposes:

- Publication in the local Newspaper.
- Posting on the Private Facebook group page for parent access (re: Del Norte Youth Wrestling).
- Advertising, Publicity and promotional works.

Further, your child's name may be used for publication in the local newspaper.

Parental photography forms an enduring part of each family's record of their child's progress, celebration of success and achievement, as well as being an established social practice. We require on a per season basis your permission for photography to be taken.

"Photography" includes photographic prints and transparencies, video, film and digital imaging.

"Season" means each full year beginning September 1st and ending August 31st.

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I, the parent of _____ hereby,
(Child's name)

☐ GIVE permission for photography of my child to be used in connection with DNYWC.

☐ GIVE permission for my child's name to be used in connection with DNYWC.

Signed: _____
(Parent/Guardian)

Date: _____

Updated:

01/04/2024