

SPRING KLEIN WRESTLING CLUB

REGISTRATION FORM

Wrestler's Full Name _____
Last First MI Nickname

Wrestler's Address _____
Street City Zip

Wrestler's Birth Date _____ Phone _____ E-Mail _____

Age as of Sept 1, _____ Weight _____ Experience: Rookie Novice Open

Father's Name _____
Last First

Home Phone _____ Work Phone _____ Cell/Beeper Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell/Beeper Phone _____

Did you wrestle with Spring Klein last year? Yes No Fall/Winter Spring Did you wrestle with another club? Yes No

If yes, name of club and years wrestled _____

School District _____ Name of School _____ Grade _____

HELP: Please circle where you would like to help. Fundraising, Sponsors, Weighins, ProShop, Concession, Scorer/Timer Not sure

Would you like to help coach? Yes No Experience _____

The expansion of Spring Klein Wrestling Club depends on sponsorships. May we provide you or your employer with sponsorship information?

Yes No Company Name _____

Contact Name _____ Phone _____

Parental/Medical Authorization

I, parent or guardian of the above named wrestler for Spring Klein Wrestling Club, hereby give approval for his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation from the activities and hereby waive, absolve, indemnify and agree to hold harmless the Spring Klein Wrestling Club, Spring Klein Wrestling Booster Club, the organizers, sponsors, supervisors, coaches, participants and persons transporting the participant to and from activities, from any claim arising out of an injury to the participant, except to the extent and in the amount covered by accidental and/or liability insurance held by the Organization.

I also grant permission to managing personnel or other association representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the participant become ill or injured with participating in activities away from home or at any other time when neither parent is available to grant permission for emergency treatment.

Parent or Guardian Signature _____ Date _____

FOR CLUB USE ONLY

Medical Release Yes No Birth Certificate Yes No Singlet Size _____ T-Shirt Size _____

Club Fee	\$ _____
USA Card	\$ _____
Booster Club	\$ _____
Pro Shop	\$ _____
Fundraising	\$ _____
Buyout	\$ _____
Volunteer Fee	\$ _____
Discount	\$ _____
Total Fee Collected	\$ _____

USA Card # _____