

Wildcat Wrestling Club Youth Registration

Wrestlers Name _____ Date of Birth _____
Address _____
Phone _____ City _____ State _____
Zip _____ Weight _____
Years Wrestled _____ T-Shirt Size _____
Primary Insurance Carrier _____
Policy # _____ Phone # _____
School Attending _____

List any medical condition (mental or physical), allergies or medical that will be important for us to know:

PARENTAL AUTHORIZATION

I/We, the parents/guardians of this child, do give my/our authorization and consent to allow this child to participate in any and all activities during the current season. We are fully aware of the nature of this sport. We understand that he/she may receive severe and serious injuries as a result of participating in such activities. I/We do voluntarily assume each and every risks and or hazard for my/our child and ourselves and for all others on his/her behalf for all of my/our child's activities and will not hold responsible the facilities, coaches, club, officials, directors, officers or agents who are affiliated with such activities. **I HEREBY RELEASE, DISCHARGE, AND OTHERWISE INDEMNIFY THE WILDCAT YOUTH WRESTLING PROGRAM, ITS COACHES, VOLUNTEERS AND OFFICIALS, WILSON CENTRAL HIGH SCHOOL AND THE WILSON COUNTY BOARD OF EDUCATION, FROM ANY CLAIMS, LIABILITIES, OR RIGHTS TO DAMAGES FOR ANY INJURIES OR LOSSES SUFFERED BY ME, MY SON AND/OR DAUGHTER DIRECTLY OR INDIRECTLY AS A RESULT OF PARTICIPATING IN THIS PROGRAM INCLUDING PARTICIPATING IN PRACTICES, MATCHES, SCRIMMAGES, CLINICS AND/OR TRAVELING TO SAID EVENTS. I FURTHER CONSENT TO ANY EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY THAT MAY BE REQUIRED NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF SAID PARTICIPANT.** I/We understand that I/we may be removed from the club meets and activities for inappropriate behavior/conditions. I/We understand by signing below I/We agree to and understand the above authorization and release and agree to abide by Wildcat Wrestling Club Parents Code of Ethics.

Signature of Parent / Guardian: _____ Date _____

Father's Name (print): _____

Contact # _____

Mother's Name (print): _____

Contact # _____

Best Email Address _____

Registration: ___ \$125 Basic Registration (AAU membership & T-shirt)
 ___ \$185 Basic plus Singlet & Warmup Jacket

Check# _____ Cash _____

Birth Certificate On File _____

Wildcat Wrestling Club
Parents Code of Ethics

By signing the registration form, you agree to abide by the following:

1. Encourage good sportsmanship, by example.
2. The emotional and physical wellbeing of my child is most important.
3. I will provide support for the coaches and officials.
4. I will provide a drug, alcohol, and tobacco free environment for my child and other club members at all activities, games and practices.
5. I will not discriminate regardless of race, sex, or ability.
6. I understand that verbal and physical abuse is not tolerated.
7. I will not publicly question the honesty, integrity, or judgment of the volunteer coaches or other adult volunteers.
8. I will agree to do my best to make sure this sport is fun for my child and all other children that participate.
9. I understand that Wildcat Wrestling Club is operated by volunteers only and is not a for profit organization.