

Dodge County Wrestling Club

REGISTRATION FORM

NAME: _____

AGE: _____ MALE: _____ FEMALE: _____

PARENT/GUARDIAN: _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL: _____

I, AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE APPLICANT, GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN THE DODGE COUNTY YOUTH WRESTLING CLUB. I DO HEREBY HOLD FREE FROM RESPONSIBILITY, DODGE COUNTY BOARD OF EDUCATION, COACH STEVEN GREER, COACH BRIAN GRAUBERGER, AND COACH JUSTIN HUMBLE FROM ANY AND ALL LIABILITIES AS A RESULT OF MY CHILD'S PARTICIPATION. I CERTIFY THAT THE ABOVE NAMED APPLICANT IS PHYSICALLY FIT TO PARTICIPATE AND HAS NO PRE-EXISTING MEDICAL CONDITIONS THAT WOULD POSE A RISK TO THE APPLICANT. I ALSO GIVE MY PERMISSION FOR COACHES TO ASSESS ANY AND ALL INJURIES, PROVIDE IMMEDIATE FIRST AID, AND DETERMINE IF EMERGENCY MEDICAL CARE IS PRUDENT. I ALSO UNDERSTAND THAT IF I AM NOT PRESENT DURING AN INJURY TO MY CHILD, I AM RESPONSIBLE FOR ANY AND ALL FEES RELATED TO EMERGENCY MEDICAL CARE PROVIDED TO MY CHILD.

I HAVE READ AND UNDERSTAND THIS APPLICATION AND DO FURTHER GRANT PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN PHYSICAL CONTACT ACTIVITIES ASSOCIATED WITH SCHOLASTIC STYLE WRESTLING AND RELATED FITNESS ACTIVITIES.

PARENT/GUARDIAN SIGNATURE

DATE