



DCWC REGISTRATION FORM

WRESTLER'S NAME: _____

AGE: _____

PARENT/GUARDIAN: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT PHONE: _____

ANY PRE-EXISTING MEDICAL CONDITIONS OR CONCERNS?

I, AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE APPLICANT, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE DODGE COUNTY YOUTH WRESTLING CLUB. I DO HEREBY HOLD FREE FROM RESPONSIBILITY, DODGE COUNTY SCHOOL SYSTEM AND DODGE COUNTY BOARD OF EDUCATION FROM ANY AND ALL LIABILITIES. 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 OR OTHERS. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

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/CONDITIONING. I ALSO GIVE MY PERMISSION FOR COACH STEVE GREER/BRIAN GRAUBERGER/JUSTIN HUMBLE TO ASSESS ANY INJURIES THAT MAY OCCUR AND TO TAKE APPROPRIATE ACTION TO ENSURE THE HEALTH AND WELL-BEING OF MY CHILD. SUCH ACTION INCLUDES RENDERING FIRST AID AND/OR TRANSPORTING TO DODGE COUNTY EMERGENCY ROOM. I ALSO UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME IN THE EVENT THAT MY CHILD IS INJURED.

PARENT/GUARDIAN SIGNATURE

DATE