

Headgear _____ Singlet _____ Shoes _____ Top _____ Shorts _____

MAT MAULERS REGISTRATION FORM

I _____ give my permission for _____
(Printed name of parent or guardian) (Participant's name)

to participate in the Mat Maulers Wrestling Program. Participation includes wrestling practices, wrestling tournaments and program fund raisers supporting a team environment. I am aware of the risk of injury in youth sports and will authorize the coaching staff and directors the provision of emergency treatment. In effect, if an injury should occur and I (or others i.e. spouses/guardians) am not available and cannot be contacted, will give permission to a qualified and licensed medical professional to treat my child and will be responsible to pay the usual fees for the treatment.

Knowing this program is voluntary I waive any and all claims against the Mat Maulers Wrestling Club, its coaches, directors and sponsors for any and all caused injuries or death which may arise in connection with the activities of this sport and organization. I understand this release applies to any present as well as future injuries and that it binds myself as well as any persons acting legally on my behalf.

I have provided the following information for the Mat Maulers Wrestling Club and have signed this form voluntarily, acknowledging I have read and understand the terms of this release and authorization.

Parent or Guardian Signature (same as above)

Please print clearly the registration information.

NAME OF PARTICIPANT _____ **AGE** _____ **BIRTHDATE** _____

MAILING ADDRESS _____

PARENT/s NAME _____ **CELL PH#** _____

Email: _____

PARENT #2/SPOUSE OR EMERGENCY CONTACT _____ **CELL PH #** _____

Email: _____

FAMILY PHYSICIAN _____
(NAME) (PHONE #)

PLEASE PROVIDE ANY SPECIFIC MEDICAL INFORMATION, ALLERGIES, ETC THAT COACHING STAFF AS WELL AS MEDICAL PROFESSIONALS SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY.

What size shirt does the participant wear? (circle appropriate size)

Youth: Small Medium Large X-Large **Adult:** Small Medium Large X-Large 2X-Large

Registration \$30 and refundable (upon return) uniform fee \$20. Separate payments are needed for registration and uniform deposit. Make checks payable to MMWC.

MMWC Use only:

REGISTRATION: CHECK #: _____ **CASH:** _____ **UNIFORM DEPOSIT: CHECK #:** _____ **CASH:** _____