



Freeland Youth Wrestling Club Registration Form

Wrestler Information 2019-20 Season

(Please complete a separate form for each child)

Wrestler's Name _____ Shirt size _____
Birth Date _____ Age as of 12/31 _____
Mother's Name _____ Father's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address(es) _____
School _____ Grade Level _____
Approximate number of years your wrestler has wrestled (any club). _____
Height _____ Weight _____ Gender (circle) M F

Registration Fee Paid: \$65 for first child _____ \$50 for additional _____

Note: The maximum cost per family is \$150

*FYWC will be offer scholarships for families in need. Please contact Rob Brewer for further information.

We would like all interested wrestlers to have the opportunity to wrestle with our club.

Volunteer Requirement

We understand that the hosting by Freeland Youth Wrestling Club (FYWC) of an all day wrestling tournament is paramount to the success of its wrestling program and agree to participate as a volunteer during the tournament regardless of whether or not our child wrestles in the tournament. We also understand that participation in the annual can drive fundraiser is mandatory.

Release and Indemnification

We realize that there is a risk of injury connected with participation in the sport of wrestling. We release FYWC, its coaches, board members, agents and representatives from any and all claims and liabilities of whatsoever nature connected with our child's activities with FYWC. We further agree to indemnify and hold harmless FYWC, its coaches, board members, agents and representatives from and against all claims and liabilities which may be made by or on behalf of our child resulting from any injuries or damages allegedly incurred while participating in FYWC activities.

Parent Signature _____ Date _____

For use by Freeland Youth Wrestling Club: The following has been received.

Players Agreement Form ___ Birth Certificate ___ Concussion Form: ___ Sports Physical Form ___ or Opt-out ___

Payment \$ _____ Check # _____ or Cash (please circle)