

CAVALRY WRESTLING CLUB

2019 - 2020 REGISTRATION FORM



Wrestler name: _____

Address: _____

DOB: _____ Age: _____ Grade: _____

Parent Information:

Names: _____

Phone numbers: _____

Please circle the mobile phone number(s) you would like to use for the *Remind* app.

Email(s): _____

Fees: K - 2nd \$80 _____ 3rd – 6th \$110 _____ 7th – 8th \$50 _____

PLEASE MAKE CHECK OUT TO: Cavalry Wrestling Club

Wrestling t-shirt size (circle one): YS YM YL YXL AS AM AL

Singlet deposit of \$50 per wrestler will be collected when we check out singlets.

Parent's Consent and Liability Waiver

I hereby give my consent for _____ to participate with the Cavalry Wrestling Club in activities approved by the Cavalry Wrestling Club. I realize that participation involves the potential for injury. I acknowledge that even with appropriate coaching, use of protective equipment and observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and can result in total disability, paralysis, or even death. I have read and understand this warning. I understand that parents are obligated to pay for professional medical and/or related services; Cavalry Wrestling Club shall not be liable for payment of such services. I understand that insurance coverage is provided for all participants.

Parent or Guardian signature: _____ Date: _____