

# Willie Walters Wrestling Club Registration Form (2017-18 Season)

**OFFICE USE ONLY:**  Cash  Check # \_\_\_\_\_ Amt Rec'd: \_\_\_\_\_ Weight: \_\_\_\_\_ USAW# \_\_\_\_\_

Wrestler's Name: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of 12/31) \_\_\_\_\_ Years of Experience \_\_\_\_\_

Mother's Name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

Father's Name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary/best number to leave a **Calling Post** (voice message update) # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Parental participation is required, I agree to volunteer in (choose one or more):**

- Set up  
  Concessions  
  Table Help  
  End of Day Clean Up  
  Coaching  
 T-shirt Size:  Youth XSM  
  Youth SM  
  Youth MED  
  Youth LG  
  Adult SM  
  Adult MED  
  Adult LG  
 Short Size:  Youth XSM  
  Youth SM  
  Youth MED  
  Youth LG  
  Adult SM  
  Adult MED  
  Adult LG

Registration fee is **\$110 per wrestler** and must be received at the time of registration. A late fee of \$10 will be added for registrations received after December 1, 2017. Additional children within the same family can be registered at a **\$15 discount**. Please use a separate registration form for each wrestler. Please make checks payable to "Willie Walters Wrestling Club" and must accompany registration form(s).

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 In consideration of the above named registrant's participation in this program, I hereby release and hold harmless the Willie Walters Wrestling Club, its instructors and volunteers from any and all claims, demands, costs, charges, and expenses for any harm, injury, or damage suit or loss which may be sustained by the named person as a result of or relating to participating in this program. In case of emergency, I hereby give consent for the coaches or their representatives to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. In addition, I give permission to the medical staff, closest available licensed medical facility, or physician to secure proper treatment for and to order injection, anesthesia, or surgery for our child, named above on this registration form. We accept full financial responsibility for such treatment.

Emergency Contact \_\_\_\_\_ Emergency # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy holder \_\_\_\_\_ Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_ Medical conditions \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN FORM WITH PAYMENT (MAKE CHECK PAYABLE TO: WILLIE WALTERS WRESTLING CLUB)  
 MAIL TO: WWW TREASURER, 141 HUMMINGBIRD LANE, STEPHENSON VA 22656**

**CONTACT: BROOKE SIGLER 540-323-1261 BLSFLETCH@GMAIL.COM**