

Willie Walters Wrestling Club Registration Form (2018-19 Season)

OFFICE USE ONLY: Cash Check # _____ Amt Rec'd: _____ Weight: _____

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, 2018. 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, 1157 Falls Road, Highview WV 26808**

**CONTACT: MARIE HAMILTON 540-272-5449 EMAIL - BOYS2LUV2003@YAHOO.COM**