

Willie Walters Wrestling Club Registration Form (2019-2020 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 message _____ ~ _____ ~ _____

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, 2019. We will not accept any registration after December 30th, 2019. 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 – marie.hamilton0614@gmail.com