

FAMILY INFORMATION SHEET

Wrestlers Name: _____ DOB: _____ Age: _____ Grade: _____ Weight: _____ Fee \$65.00
Wrestlers Name: _____ DOB: _____ Age: _____ Grade: _____ Weight: _____ \$95.00
Wrestlers Name: _____ DOB: _____ Age: _____ Grade: _____ Weight: _____ \$125.00
Wrestlers Name: _____ DOB: _____ Age: _____ Grade: _____ Weight: _____ \$125.00
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Emergency Contact Person

Parent/Guardian Name: _____
E-mail Address: _____
Address (If Different From Youth): _____
Phone Numbers: Work: _____ Cell: _____

Sizes of Singlets Checked Out: (\$100 Deposit Each)

Size Size Size Size

Are there any Medical Conditions or Medical Allergies that the Coaches should be aware of??

SIGNUP FEE: \$ _____

RAFFLE TICKETS : \$20.00/WRESTLER

TOTAL: \$ _____

CASH CHECK # _____ AMOUNT \$ _____

DEPOSIT: \$100/WRESTLER

CHECK # _____

Your deposit check will be returned at the end of the year if you work a shift at the wrestling club tournament and if you return your singlet. If you fail to do both of these, T-H Wrestling Club has the right to deposit your check.

Signature: _____

TEKAMAH-HERMAN YOUTH WRESTLING CLUB
MEDICAL TREATMENT, AUTHORIZATION & LIABILITY RELEASE WAIVER

I, the undersigned parent or guardian, grant permission for my son/daughter, _____, to participate in the activity of wrestling for the Tekamah-Herman Youth Wrestling Club. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the wrestling coaches or supervising parents to obtain medical treatment for my son/daughter for such injury/illness during the activity, and hereby hold Tekamah-Herman Youth Wrestling Club, Tekamah-Herman Schools and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious or catastrophic), in connection with his or her participation in this activity.

I further have read and understand the Tekamah-Herman Youth Wrestling Club bylaws and Tekamah-Herman Schools rules and regulations pertaining to the conduct, behavior and activities of all wrestling participants, by which my son/daughter must abide during participation in the activity, and that my son/daughter and I will be responsible for his/her failure to abide by those rules and regulations.

I, the parent or guardian, have read and understand the above medical treatment, authorization and liability release.

Signature of Parent or Guardian

Date

Signature of Participant

Date