

MRH Wrestling Club

Child's Name: _____

Address: _____

Zip Code: _____

Date of Birth; _____ Age: _____ Grade: _____

Fathers Name: _____ Cell. Phone: _____

Fathers E-mail: _____

Mothers Name: _____ Cell Phone: _____

Mothers E-mail: _____

Any Medical Conditions: _____

Doctors Name: _____

Fee Paid: k-3rd grade \$50 Cash _____ Check _____
4th-8th grade \$85 Cash _____ Check _____

Checks may be made payable to: MRH Wrestling Club

Participant Waiver and Release

Each participant acknowledges that he/she is aware of the risks inherent in participating in athletic activities. Each participant agrees to assume these risks and to waive any and all rights to claims, liability, loss of service, and cause of action of any kind from personal injury and property damage arising out of said participation.

I, the undersigned parent of _____

Also do hereby consent to have prompt emergency medical care administered to aforementioned participant in my absence.

Date: _____

Signature of parent/ guardian: _____

For Office use: _____ Fee paid
_____ Birth Certificate (new/ file)
_____ AAU Card