

BIG FOOT WRESTLING CLUB 2017-2018 Registration



PLEASE PRINT CLEARLY

WRESTLER INFORMATION

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

()

HOME PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

GENDER

Male Female

____/____/____

BIRTH DATE

GRADE

Jr. K K 1 2 3
 4 5 6 7 8

SCHOOL

Walworth Sharon Reek
 Fontana Other _____

T-SHIRT SIZE

YS YM YL
 AS AM AL AXL

PARENT/GUARDIAN INFORMATION

HEAD OF HOUSEHOLD

LAST NAME, FIRST NAME MIDDLE INITIAL

OCCUPATION

()

DAYTIME PHONE

()

ALTERNATE PHONE

RELATIONSHIP

Father Mother
 Guardian

EMAIL ADDRESS

ADDITIONAL PARENT/GUARDIAN

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

()

DAYTIME PHONE

()

ALTERNATE PHONE

RELATIONSHIP

Father Mother
 Guardian

OCCUPATION

EMAIL ADDRESS

MORE ON BACK

HEALTH INFORMATION

Please indicate any physical limitations (allergies, hearing, sight, etc.) or any additional health information:

WAIVER AND RELEASE

[Please read this form carefully and understand that by registering your minor child/ward for participation in the Big Foot Wrestling Club, you will wave and release all claims for injuries you or your child/ward might sustain arising out of the program.]

RISK OF INJURY

"I recognize and acknowledge that there are certain risks of physical injury to participants in the Big Foot Wrestling Club and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with the Big Foot Wrestling Club."

"I do hereby fully release and discharge the Big Foot Wrestling Club Board of Directors, coaches, volunteer staff, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the Big Foot Wrestling Club participants."

MEDICAL ASSISTANCE

"In my absence, I authorize the coaches or other Big Foot Wrestling Club personnel to use their judgment concerning medical care in case of emergency, illness, or injury of my child/ward during activities."

MODEL RELEASE

"I understand that Big Foot Wrestling Club may photograph, record audio, or record video of my child while participating in this program. I permit these photographs or recordings take place and I permit the Big Foot Wrestling Club to use these photographs or recordings for publication as deemed necessary."

UNIFORM/EQUIPMENT

"I agree to return upon request, any uniform and/or equipment issued. I will return the uniform and/or equipment in as good condition as when it was received (except for normal wear and tear) or I will pay to replace the item(s). I understand that failure to return any portion of a uniform and/or equipment will result in a fee of \$100 per item."

I have read and fully understand the waiver and release above. I agree to its terms and conditions.

PARENT/GUARDIAN SIGNATURE

DATE

PARTICIPATION FEE

Participation Fee: \$60 per wrestler
Make Checks Payable To: Big Foot Wrestling Club
Send Registration Form & Fee To: c/o Jacob Ries
212 Howard Street
Walworth, WI 53184

For Office Use Only

Fee Paid

Cash

Check/Money Order # _____

Received by _____

VOLUNTEER SIGN-UP *

I will assist for the following during the season:

Board Member (positions to be determined)

Volunteer Driver

Concessions

Coach

Other _____

*We will contact you for volunteer activities as needed