



Winter Wrestling Registration 2009

WINTER SEASON
November - March

Monday night practices only
(and Saturday matches)
for students in 7th and 8th
Grade

Athlete's Name _____

Birthdate (MM/DD/YY) _____

Please provide copy of birth certificate

Address _____

City, State, Zip _____

School _____ Grade _____

Home Telephone _____

Mother's/ Name _____ lives with

Guardian Phone _____

E-Mail _____

Father's/ Name _____ lives with

Guardian Phone _____

E-Mail _____

Emergency Contact _____

_____ Telephone _____

Family Physician _____

_____ Telephone _____

Do you understand there are NO REFUNDS? Yes ___ Initial ___

Allergies/physical conditions (If none, please initial)

Previous experience: None _____ Years _____

Approximate: Height _____ Weight _____

Fee: **\$60.00**

Payable to: **Downingtown Wrestling Club**

Mail to: **Downingtown Thunder**
 211 Kelly Lane
 Downingtown, PA 19335

www.eteamz.com/DowningtownThunder

Please read carefully before signing. (This application will not be accepted if altered in any way or, if not signed by a parent or legal guardian.)

I, the parent/guardian of the registrant, a minor, agree that I, my family, and the registrant will abide by the RULES, POLICIES AND CODE OF ETHICS OF DOWNINGTOWN WRESTLING CLUB. Initial _____

Recognizing the possibility of physical injury associated with wrestling, and in consideration for the Downingtown Wrestling Club accepting the registrant into this program, I, on behalf of my child and family, hereby waive, release, and discharge any and all claims or causes of action against the Downingtown Wrestling Club, Inc., its volunteers, coaches, organizers, sponsors, supervisors and owners of land or buildings utilized by these programs, ("Releasees"), by or on behalf of the registrant, myself and family members, whether working in a volunteer capacity or as spectators, as a result of the registrant's participation in the programs and/or being transported to or from the same. Initial _____

I hereby authorize my child to be transported to and/or from wrestling venues with coaches, parents, or volunteers. Initial _____

I further agree to indemnify and hold harmless the Releasees from and against any and all Claims in relation to said transportation. Initial _____

I authorize emergency medical treatment for the registrant by any qualified medical personnel. Initial _____

I assure the Downingtown Wrestling Club that the registrant and my family are covered by our Medical Insurance. Initial _____

I authorize the Downingtown Wrestling Club to use and publish photographs of registrant on the DWC website. Initial _____

Parent/Guardian Signature _____ Date _____

Questions? - email: DavidMassimini@msn.com