



Columbus Wrestling Club Registration Form

2009-2010

Please Print

Name: _____ Age: _____ Grade _____ Date of Birth _____

Address: _____
Street *Zip*

Home/Cell Phone #: (____) _____ Email _____

Father's Work #: (____) _____ Mother's Work #: (____) _____

Weight: _____ Shoe Size _____ Shirt Size: (youth/adult) S M L XL

Emergency Contact _____ Phone# _____

In consideration of acceptance of this form, I hereby for myself, my heirs, administrators, and assigns waive and release any and all rights and claims for damages I may have against the sponsoring organizations, or their representatives, successors and assigns, arising out of any and all injuries suffered by me while participating in the Columbus Wrestling Club. Parent and/or guardian agrees to indemnify and hold harmless the sponsoring organizations, represent successors, and assigns, for any and all damages from injury received by the minor participating in the Columbus Wrestling Club. I understand that any participant who does not abide by the rules and regulations promulgated by the club or the Columbus Recreation and Parks is subject to dismissal without reimbursement or recourse.

Signature of Wrestler: _____

Signature of Parent/Guardian: _____