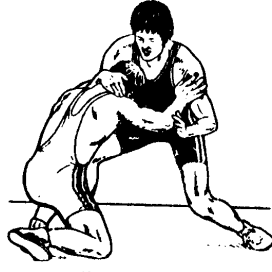


WAUKESHA WRESTLING CLUB



2009

T-SHIRT
RECEIVED _____

SIZE _____

DUES PAID
DATE: _____

CHECK # _____
CASH _____

SINGLET
DEPOSIT _____

PROOF OF BIRTH DATE
PROVIDED FOR FILE:

YES / NO

Child's Name _____ USA Card No. _____

Birthdate _____ Height _____ Weight _____ Years Experience _____

Special Medical Concerns _____

Name of School _____ Grade: _____

Parent(s) _____

Address _____ City _____ Zip _____

Phone #'s _____

E-mail _____

Doctor's Name _____ Doctor's Phone _____

Name & Phone of Emergency Contact (not living with you) _____

PARENTAL/GUARDIAN WAIVER, ASSUMPTION OF RISK, RELEASE FROM LIABILITY, AND REQUEST FOR EMERGENCY MEDICAL ADMINISTRATION

As parent or guardian, I give my permission for _____ to participate in the Waukesha Wrestling Club for the 2009 season, and for and in consideration for the opportunity for my child to participate in the above-named activity/ activities offered by the Waukesha Wrestling Club I hereby authorize my child to participate in said activity and hereby release and waive any claim, demand, cause, action, assertion or liability against the Waukesha Wrestling Club, and its officers, coaches, volunteers, and chaperones, for any and all injuries, losses or damages suffered by myself or my child as a result of my participation or my child's participation in this activity/activities.

Further, if emergency medical attention is needed by my child during or resulting from said activities, I authorize any of the coaches, volunteers or chaperones to authorize any Emergency Medical Technician, licensed physician or surgeon to administer such emergency medical attention. I understand that this waiver, assumption of risk, release from liability, and request for emergency medical administration includes any claims based on negligence, action, or inaction of the above parties. I accept full responsibility for the cost of treatment for any injury, losses, damages or death suffered by myself or my child while taking part in these activity/activities or as a result of either of us taking part in the activity/activities.

Signature of Parent/Guardian _____

Date _____ **Relationship to Child** _____