



Wrestler's Name:

\_\_\_\_\_

Birth date:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/Zip:

\_\_\_\_\_

\_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Second Email Address: \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ School Attending: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Emergency Contact/Phone Number (**other than parents**):

\_\_\_\_\_

I, hereby give permission for my child to participate in the Kings Youth Wrestling Club, for the **2016-2017** season. I authorize the coaches and representatives of Kings Youth Wrestling Club to act for me according to their best judgment regarding medical attention. I hereby waive and release the Kings Youth Wrestling Coaches, the school, and its representatives from any and all liability for any injuries incurred as a result of club participation.

### **Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your Wrestlers shirt size: (Circle 1)

Youth T-Shirt Size: M L **OR** Adult T-Shirt Size: S M L XL

We are always on the look-out for coaches with a passion for the sport to help the youth level!

(Please let us know if you are interested): \_\_\_\_\_