

WILDCAT WRESTLING CLUB

2010

Name _____ DOB _____

Address _____

Phone Number _____ Cell Phone _____

School Attending _____

Grade _____ E-mail Address _____

T-shirt Size _____

In case of Emergency, call:

Name _____ Ph # _____

Ph # _____

Name _____ Ph # _____

Ph # _____

I _____ hereby grant permission for my child to participate in the Wildcat Wrestling Club. I hereby discharge the Wildcat Mat Club, instructors and director of and from all liability, claims, suits and Rights of Action for any injury sustained by my child that is inherent to the sport of wrestling.

Signature of Parent or Guardian