Golden Eagles Wrestling Club
2019-20

Athlete Profile & Registration Information

Name_____ **Age**_____
Address_____ **Birth date**_____
City/State_____ **Weight**_____
Zip _____ **Grade in School**_____
Phone_____ **USA Card #**_____
How many years wrestling_____ **School**_____
T-Shirt Size_____ **Email**_____
Parent's names_____
Parent's email and Phone_____

Insurance Information

Insurance Company_____
Policy Holder_____
Policy Number_____

Person to Notify in Case of Emergency

Name_____
Telephone_____
Relationship to the Child_____

Liability Release and Waiver

_____has my permission to join the Golden Eagles Wrestling Club. I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Golden Eagles Wrestling Club, USA Wrestling, and all affiliated organizations.

Recognizing the possibility of injury associated with wrestling and in consideration for the Golden Eagles Wrestling Club, in accepting the registrant for participation in the Club, I hereby release, discharge, and/or otherwise indemnify the Golden Eagles Wrestling Club, USA Wrestling, all affiliated sponsors, their employees, volunteers, and associated personnel, including the owners of the equipment and facility utilized against any claim on behalf of the registrant as a result of the registrant's participation in the Golden Eagles Wrestling Club.

I fully understand and accept the risk of injury due to participation in this Club. I also understand that secondary insurance is provided to all current USA Wrestling members and verify that the above information is correct.

_____ _____
Name of Parent or Guardian Signature of Parent or Guardian Date