



OWASSO WRESTLING CLUB

2009 - 2010

Sign up and release form



PARENTS PERMISSION AND RELEASE CONTRACT:

Child's name: _____ Age _____ Birthday _____
 Address _____ City _____ Zip _____
 Parent/Guardian name _____ Phone _____ Cell _____
 Email _____

Years wrestled _____ Years wrestled with Owasso Wrestling Club _____

In consideration of acceptance of entering the Owasso Wrestling Program, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for injuries and/or damages which may hereafter occur against the Owasso Wrestling program, the sponsors, the administrators of the playing or practice location, or all of their respective officers, agents, coaches, managers, successors, representatives and/or assigns for any and all injuries and/or damages which may be sustained and suffered in connection with said association with or entry into such programs, and/or arising out of my traveling to, participating in and return from said games, meets, practices or exhibitions during the season.

THE INSURANCE POLICY OBTAINED IS TO THE SCHOOL FOR USE OF THEIR FACILITIES. NO MEDICAL INSURANCE IS PROVIDED.

 Signature of Parent of Legal Guardian Date

FEES:

1 Wrestler \$ 80.00
 2 Wrestlers \$ 115.00
 3 Wrestlers \$ 145.00

DIVISIONS-Age as of 9-1-09

Division I (6 and under) _____
 Division II (8 and Under) _____
 Division III (10 and under) _____
 Division IV (12 and under) _____
 Division V (15 and under) _____

Emergency Contact Information:

Contact Name _____ Relationship _____
 Home Phone _____ Work / Cell Phone _____

Medical Information:

Physicians Name _____ Phone _____
 Allergies _____

Current Medications and Dosages/Health Concerns:

Name _____ Dosage _____
 1) _____ 1) _____
 2) _____ 2) _____

The sign up fee covers a liability insurance policy for the school and a membership fee.

AMOUNT PAID \$ _____ CASH/CHECK COLLECTED BY _____