

Washington Wrestling Club



Official Use:
AAU# _____
Division: _____
Rank: _____

WRESTLER INFORMATION

Wrestler's Name _____

Date of Birth _____ Age _____

School Attending _____ Grade _____

Current Weight _____ # of years wrestling _____

Home Address _____ City & Zip _____

Home Phone # _____

E-mail Address _____ **T-shirt Size** _____

PARENT OR LEGAL GAURDIAN INFORMATION

We will use your home information to make a directory for club use only.

Names _____

Cell # (dad) _____ (mom) _____ Txt Msgs ok? Y / N

Work # _____

EMERGENCY INFORMATION

Contact Name _____ *In the event that parents cannot be reached.* Phone # _____

Physician Name _____ Phone # _____

Insurance Co. _____ Policy # _____

ANY OTHER PERTINENT INFORMATION

Please list any information including Asthma, Diabetes, allergies, and/or special contidtions which may be important in the treatment of your child. Also, list all medications taken on a regular basis and their dosages.

Waiver and Release in Case of Emergency:

The below signed parent or legal guardian releases WWC, as well as its coaches, agents, and representatives from any damage l/we have for loss or injury arising out of the participation in WWC activities.

I understand that my child, while under the care of WWC, will be taken to the nearest hospital in case of emergency. If WWC is unable to contact me, I hereby authorize WWC and/or the hospital and physicians and emergency technicians to treat my child, as they deem necessary.

Signature of Parent or Guardian _____

Official Use:
Paid \$ _____ Cash or Check CK # _____ Date _____ Birth Cert.: Y / N