

Mendham-Chester Patriots Wrestling

2015-2016

Registration Form

Wrestler's Name _____ **Age** _____ **Birth Date** _____

Weight _____ **Height** _____ **Grade** _____ **School** _____

Parent's Names _____ **Home Phone** _____

Mailing Address _____

Email Address _____ **Cell Phone** _____

Emergency Contact Other Than Parent _____

Emergency Contact Home Phone _____ **Cell Phone** _____

Volunteering :Parents are strongly encouraged to get involved. We are an all-volunteer organization and need additional coaches, help with match concessions, scoring and other activities. Please check one of the following:

____ Coach (I have wrestled competitively in ____ High School ____ College)

____ Coach (I have not wrestled competitively)

____ Score Keeper/Clock

____ Team Photographer

____ Concessions

Parental Consent and Waiver

As the parent of the child named above, I hereby give my full consent and approval for my child to participate fully as a wrestler in the Mendham-Chester Patriots Wrestling Club.

I understand that wrestling is a physically demanding close contact sport and that there are certain risks of injury inherent in wrestling as well as in traveling and in other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participation in wrestling and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in wrestling. My child has recently been examined by a physician and has been found physically fit to wrestle.

In addition to giving my full consent for my child's participation, I do hereby agree to indemnify, release and hold free and harmless the Mendham-Chester Patriots Wrestling Club, its officers, trustees, coaches, sponsors, officials, supervisors, representatives and agents from any and all liability against them arising out of my child's participation therein whether liability is caused by, or arises out of, the negligence of the Club, its officers, trustees, coaches, supervisors, representatives or agents or caused by any other reason.

Parent's Signature _____ **Date** _____

Medical Insurance Co. _____ **Policy #** _____

Does your child have any allergies/conditions we need to be aware of in case of emergency? _____

Fees: Novice Wrestlers: 1st and 2nd year wrestlers, Kindergarten – 4th grade..... \$175.00

Junior Varsity/Varsity Wrestlers: 3rd year wrestlers and up 200.00

Mail completed registration form and payment to: Mendham-Chester Patriots Wrestling
8 Pleasant Hill Road
Chester, NJ 07930

(Office use only) Check # _____ Date _____

