



FRANCIS HOWELL VIKING WRESTLING CLUB

Wrestler Registration Information (one per wrestler)



Wrestler's Name: _____ Age: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Current Weight: _____

Have you ever wrestled before? Yes No Name of Club If Yes _____

First Year Wrestler Birth Certificate Received at Registration Yes No

Have you ever placed ? AAU State Yes No Place & Year _____

USA State? Yes No Place & Year _____

I grant _____ permission to compete in practices and tournaments with
Wrestler's Name (Please Print)

the *Viking Wrestling Club*. I certify that this child is covered by medical insurance and understand wrestling is a physical sport. I further understand that, as with any physical sport, the risk of injury is always possible, and that I/we will not hold the *Viking Wrestling Club*, individuals helping coach the *Viking Wrestling Club* or the Francis Howell R III School District responsible for any accidents related to or occurring with the *Viking Wrestling Club*.

Parent/Guardian' Signature

Date

Parent/Guardian Printed Name

Website Release:

Parental Consent for use of pictures and/or name and statistics on website (please initial one):

_____ Yes, my child's information and Pictures may be featured on the website

_____ No Thanks, Please do not include information and Pictures for my child on the website

Registration Fee:

\$125.00 for the first Wrestler, \$100.00 for the second wrestler and \$75.00 for each additional wrestler (Price Includes Competitors Card(s), Team Shorts, & Team T-Shirt)

Check #/Amount _____ Cash Amount _____

Singlet Deposit:

\$50.00 per wrestler for singlet deposit. Your check will be returned at the end of the wrestling season when the singlet is returned.

Check # _____ Cash Amount _____

Name of Wrestler(s): _____

Separate checks required for registration fee and singlet deposit, per family, made payable to: Francis Howell Wrestling.



FRANCIS HOWELL VIKING WRESTLING CLUB

Wrestler Uniform Information



Singlet Size Issued: YXS YS YM YL AS AM AL AXL (to be completed by club)

Singlet Sizing Chart

Youth	Adult
YXS 40-55 Lbs	S 115-135 Lbs
YS 55-75 Lbs	M 135-160 Lbs
YM 75-95 Lbs	L 160-190 Lbs
YL 95-115 Lbs	XL 190-220 Lbs

Circle Size:

Team T-Shirt Size: YS YM YL AS AM AL AXL

Team Short Size: YS YM YL AS AM AL AXL



FRANCIS HOWELL VIKING WRESTLING CLUB

Medical Treatment/ History Form



Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address: _____

Phones: H _____ W _____ Cell _____

Emergency Contact _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? YES/NO If yes, please list Medication(s): _____

Drug Sensitivities _____ Allergies _____

Any other Medical Information we should know about your wrestler?

Date of your child's last complete physical examination by a medical doctor. _____

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date _____



USA Wrestling Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES WRESTLING ASSOCIATION, INC., its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of US Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable, owners, lessors and operators of premises used to conduct any US Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasors") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present, or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited LOSSES CAUSED BY [PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that USA Wrestling activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENTLY, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OF PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property including death, and that severe social and economic losses may result not only from Releasor's own actions or negligence, but from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participants Signature) (Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian) (Date)

(Print Name)

(Relationship to minor)