LITTLE RAM WRESTLING CLUB REGISTRATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CHILD NAME OF PARENT DATE

Age and grade of child\_\_\_\_\_\_\_\_ Parents telephone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt YS YM YL AS AM AL XL XXL

5-6 10-12 14-16

Registration Fee 60$ Cash\_\_\_\_\_\_ Check\_\_\_\_\_\_\_ Venmo\_\_\_\_\_

Ram Wrestling Club

Waiver and release from Liability

Personal Insurance Requirement

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent or guardian), 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 Highland High School, School District 25, the Ram Wrestling Club, Usa Wrestling Association, their insurers, administrators, agents, or coaches (all hereinafter “Releasees”) from any and all liabilities, claims, demands, causes, of action or losses of any kind or nature for personal injury arising out of any participation in Ram Wrestling Club activities.

Releasor understands and acknowledges that wrestling activities in general have inherent dangers that no amount of care, caution, training,instruction, supervision, or expertise can eliminate. Releasor expressly and voluntarily assume all risk of personal injury sustained while participating in activities associated with the Ram Wrestling Club.

Releasor acknowledges and hereby certifies that I do have personal home health and accident insurance which would adequately cover personal injury for my child while participating in Ram Wrestling Club activities and I shall assume full financial responsibility for any personal injury of my child while participating in Ram Wrestling Club activities and i shall not expecting or request any financial aid from any Releasees associated with the Ram Wrestling Club.

PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANTS SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POLICY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_