



North Scott Wrestling Club 2011-2012 Registration

(Wrestler must live in North Scott School District to be eligible)

Wrestler's First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Birth Date _____ Weight _____ Previous Years Wrestling _____

Name of Parent(s)/Guardian _____

Phone (home) _____ (work) _____ (cell) _____

Email address _____

Membership Fee*: Grades K-8 - \$45 per wrestler (\$35 for each additional family member)
(all checks payable to North Scott Wrestling Club)

*Membership includes singlet rental for one season and supplemental insurance. Wrestlers will be responsible for their own AAU or USA membership if necessary. Wrestlers **not** returning singlets by the end of the season will be billed \$65.

Release Waivers

I, the undersigned individual, and parent/guardian, hereby release the North Scott Wrestling Club, North Scott School District, The Facility, Volunteers and Employees, of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during club participation.

I hereby give permission for the staff of the club to seek, during the period of club practice, appropriate medical attention in the event of accident, injury or illness. I will be responsible for any and all cost of the medical attention and treatment.

Also, I grant permission for North Scott Wrestling Club to use the wrestler's name, accomplishments and/or photos in newspaper submittals or on the club website (www.northscottwrestling.org).

Signature _____ Date _____

Medical Carrier _____ Policy # _____

Doctor's Name _____

To be filled out by North Scott Wrestling:

Singlet No.	Other	Total Amount Paid
_____	_____	\$_____ cash check