

Germantown Wrestling Club



PO Box 603
Germantown MD 20875



PLAYER INFORMATION

Wrestler's name _____

Address _____

Number and Street (Apt)

City

State

Zip

Home Phone# _____ Cell Phone # _____

Wrestler's Date of Birth _____ Age as of 12/31/22 _____ Weight _____

School currently attending _____ Grade _____

High School Cluster: (ex Northwest, Seneca Valley, etc.) _____

Have you wrestled before?(Y or N) _____ If yes, with what organization? _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian _____ Cell Phone# _____

Father/Guardian _____ Cell Phone# _____

Email Address _____

Emergency Contact _____ Phone # _____

Does the participant have any medical conditions or other circumstances Germantown Wrestling needs to be aware of? (Asthma, Allergies, etc.)

PARENTAL CONSENTS

PLEASE READ CAREFULLY AND SIGN

I declare to the best of my knowledge that my child is in good health and physical condition. It is my responsibility to obtain a physician's consent in the event my child has a medical condition.

I assume all risks and hazards incidental to participation in wrestling related activities. I waive, release and absolve the Board and Coaches of Germantown Wrestling, volunteers, sponsors, MJWL, DSAWL, Rockville Sportsplex & Germantown StudioSportsplex and participants from any incidents that may occur. This certifies that in the event of an emergency, I give Germantown Wrestling permission to provide emergency medical treatment or have my child treated at a medical facility.

I also grant permission to Germantown Wrestling to use pictures taken of my child on the website, fliers, newsletters, news articles, etc.

Registration fee of \$230 Early fee by 10/31/22 \$200

NO REFUNDS will be given as of 11/18/22 . Bounced check fee: \$50.

WRESTLER SHIRT AND HOODIE SIZES

HOODIES (circle one)

YS YM YL AXS AS AM AL AXL

SHIRTS (circle one)

YS YM YL AXS AS AM AL AXL

PLEASE READ CAREFULLY AND SIGN

Parent/Guardian Signature:

_____ Date: _____