



Germantown Wrestling Winter Registration

PO Box 603
Germantown MD 20875

WRESTLER INFORMATION

Wrestler's name _____

Address _____

Number and Street (Apt)

City

State

Zip

Home Phone# _____

Cell Phone # _____

Wrestler's Date of Birth _____

Age as of 12/31/24 _____

Weight _____

School currently attending _____ Grade _____

Numbers of Years wrestled _____

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, 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., I will adhere to the Parent Code of Conduct

I agree to follow the parent code of conduct found at www.GermantownWrestling.org

Registration fee of \$235 Intramural Early Registration before 11/1 \$205

NO REFUNDS will be given . Bounced check fee: \$35.

PLEASE READ CAREFULLY AND SIGN

Parent/Guardian Signature:

_____ Date: _____