

Germantown Youth Wrestling



**QUICK
FORM**

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 12/31/18 _____

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 Germantown Wrestling and coaches, GSA, GSA board of directors, volunteers, sponsors, ICB, MJWL, DSAWL, Julius West MS, Northwest High School 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.

Please note the registration fee of \$205 includes a \$50 non-refundable administration charge. Early Reg Fee \$185 prior to 11/1/18
NO REFUNDS will be given after November 14, 2018. Bounced check fee: \$35. Credit card fee of 3%

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: _____