

INTER-COUNTY MAT CLUB REGISTRATION 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 or Cluster: (ex Northwest, Richard Mont., etc.) _____
Have you wrestled before?(Y or N) _____ If yes, with what organization/school? _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian _____ Cell Phone# _____
Father/Guardian _____ Cell Phone# _____
Email Address _____
Emergency Contact _____ Phone # _____
Does the participant have any medical conditions Inter-County Mat Club needs to be aware of? (Asthma, Allergies, etc.) _____

HOW TO REGISTER AND PAY

\$35.00 REGISTRATION FEE

CASH,CHECK OR CREDIT CARD ACCEPTED

BY MAIL

INTER-COUNTY MAT CLUB, PO BOX 603, GERMANTOWN MD 20875

BY EMAIL

GermantownWrestlingClub@gmail.com

IN PERSON

NORTHWEST HS 8/18 OR JULIUS WEST MS 8/23

CREDIT CARD INFORMATION

Card Number					exp date	
Zip Code					CVV	

USA WRESTLING VERIFICATION

USA WRESTLING ID NUMBER _____

MAT CLUB LOCATION

JULIUS WEST

NORTHWEST

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 Inter-County Mat Club, Germantown Wrestling and coaches, GSA, GSA board of directors, volunteers, sponsors, ICB, Julius West MS, Northwest HS and Richard Mont HS and participants from any incidents that may occur. I give the staff of the Inter-County Mat Club permission to provide emergency medical treatment or have my child treated at a medical facility.

Please note the registration fee of \$35 is non-refundable.

Parent/Guardian Signature:

Date: _____