



# WRESTLING REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Please circle one: Male Female / T-Shirt Size Youth: SM Med L XL / Adult Size: SM Med L XL 2XL 3XL

Participants Name \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### IN CASE OF EMERGENCY

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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Participant's Allergies: \_\_\_\_\_

Participant's Medical Conditions: \_\_\_\_\_

**MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE YMCA OF TRENTON.**

Name of Participant's Physician \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

Registration Fee: YMCA Program Member \$35 each \_\_\_\_\_ Facility Member \$25 each \_\_\_\_\_

### WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
(Participant's Name)

to participate and to be photographed for publicity purposes. I am certifying that my above child is medically fit and able to participate in the required activity. Also, I will not hold the YMCA of Trenton and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the YMCA of Trenton prior to participation in this program.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Amount Paid \_\_\_\_\_  M.O.  Cash  Check # \_\_\_\_\_ Receipt \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_