

BISON LEGEND WRESTLING CLUB
2016-2017 Registration form

Wrestler's Name: _____ D.O.B: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Weight: _____ Years of Experience: _____ 2016 USA Card #* _____ School _____

E-mail Address: _____

Parent/Guardian Name(s): _____

Parent E-mail Address: _____

Coach Name: _____ Coach E-mail Address _____

Emergency Contact: _____ Emergency Contact Number _____

Insurance Carrier: _____ Policy Number: _____

*A USA wrestling card is required for club membership and may be purchased either online or at practice.

Parent Consent & Waiver of Responsibility:

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH OCCURRENCE.

PRINTED NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN SIGNATURE:
