

# Mat Sharks Wrestling Registration

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Email for notifications: \_\_\_\_\_

Contact phone: \_\_\_\_\_

USAW Card ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Wrestling experience: \_\_\_\_\_

Have you been cleared by a physician to participate in athletics? \_\_\_\_\_

Are you currently on any prescription medication: \_\_\_\_\_

Have you been prescribed an epi pen or inhaler? \_\_\_\_\_ MUST BE WITH YOU AT ALL PRACTICES

Are you allergic to latex? Y / N

If yes to any of the above, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

I certify that the above registrant has my permission to participate with Mat Sharks Wrestling Club. I certify that the above athlete has been cleared by a physician to participate in wrestling. I am hereby responsible for his/her behavior and for his/her participation. I will not hold MSWC, PWCS or WHS responsible for any injuries or accidents during the season and I will be responsible for all damages to the school or private party caused by above registered athlete. Wrestlers removed from our club for disciplinary reasons will not receive a refund. Punch cards are non-refundable and expire at the end of each season.

Athlete PRINTED name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent PRINTED name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_