

# TIGERWC

## REGISTRATION & WAIVER

Wrestlers Name

Date Of Birth

Email

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School

Club

Wrestlers Age

Grade In School

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Current Weight

Current Height

Years of Experience

T-Shirt Size

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Address

City

State

Zipcode

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Fathers Name

Phone

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Mothers Name

Phone

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Emergency Contact

Phone

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**Does the wrestler have any physical/medical conditions that TigerWC should be made aware of?**

**Is the wrestler currently taking any medications?**

**Liability Release:** I, the undersigned, individually and as a parent/guardian of the above listed athlete(s), a minor, ask that he/she be admitted to participate in the club practice sponsored by Tiger Wrestling Club (TigerWC). I do hereby agree to release, discharge and hold harmless all parties involved, their owners, agents, TigerWC coaching staff and employees from all liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the club practice or in the course of competition and/or activities held in connection with the club practice. I also give permission for my child to be photographed in relations that the photographs may be used on the web site to promote the TigerWC.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

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