



Abington Bulldogs Youth Wrestling Club

2018-2019 Registration Form

Wrestler's Full Name: _____ Weight: _____

Date of Birth: _____ Current Age: _____ Years of Experience: _____

Home Address: _____

Parent/Guardian name: _____ Primary Phone #: _____

Email (to receive important meet info & updates) **PLEASE PRINT CLEARLY:**

Wrestler's Shirt Size: _____ Wrestler's Pant Size: _____

Medical Insurance: YES or NO (circle)

List any medical conditions: _____

Abington Bulldogs Youth Wrestling Club reserves the right to drop the registrant from the program and refund the registration fee, if, in the opinion of the Board of Directors, participation in the sport may constitute an undue risk to the registrant.

I, as the parent or guardian, of the above named child, who as a candidate for a position on the team, hereby give my approval to his/her participation in any and all activities of this program during the current season. I assume all risks and hazards incidental to the conduct of the activities and the transportation to and from the activities. I do further hereby release absolve and hold harmless the Abington Bulldogs board of directors and its affiliates, organizers, sponsors and Abington School District of any of the supervisors appointed to them.

I likewise waive, to the extent not covered by liability or accidental insurance, any claims against any person transporting my child to and from the activities. I assume all responsibility for all medical payments.

I have read and agree to this waiver. In my absence, I hereby give permission for my child to be treated in the event of a medical emergency.

Parent/Gaurdian Signature

Date

I would like to help with:

Score keeping during matches _____ Set- Up _____ Snack Bar _____ Coaching _____



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Photo/Publicity Release Form 2018-2019
MUST BE COMPLETED AT TIME OF REGISTRATION

The Abington Bulldogs Wrestling Club may, as in part of its community function, photograph, record and/or video the activities of its wrestling programs. These photographs, recordings and/or videos may be used in publications, print ads, direct-mail pieces, electronic media (i.e. websites video, CD-ROM, Internet, etc.) or other forms of promotion. By signing this form you are granting the Abington Bulldogs Youth Wrestling Club permission to use any photographs, records and/or videos of your child/children in its publicity efforts and/or promotional material. You are further releasing the Abington Bulldogs Youth Wrestling Club, the photographer, their officers, volunteers and designees from any liability for any violation of personal, privacy or proprietary rights that may be associated with the use of any photographs, recordings or videos by the Abington Bulldogs Youth Wrestling Club.

_____ I DO grant the Abington Bulldogs Youth Wrestling Club permission to photograph, record and/or video my child/ children and to use such media in its promotional materials and/or efforts.

_____ I DO NOT grant the Abington Bulldogs Youth Wrestling Club permission to photograph, record and/or video my child/children and to use such media in its promotional materials and/or publicity efforts.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____