



# North Scott Wrestling Club 2020-2021 Registration

(Wrestler must live in N.S. School District or Attend N.S. School to register)

Wrestler's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Birth Date \_\_\_\_\_ Years' Experience Wrestling \_\_\_\_\_

Approx. Weight: \_\_\_\_\_ lbs T-Shirt Size (Circle One) YS YM YL YXL AS AM AL AXL

Name of Parent(s)/Guardian \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

**Membership Fee\*:** Grades K-8 - \$60 per wrestler  
 (all checks payable to North Scott Wrestling Club)  
 \$35 for JH signing up after 12/1/20

### Release Waivers

I, the undersigned individual, and parent/guardian, hereby release the North Scott Wrestling Club, North Scott School System, The Facility, Volunteers and Employees, of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during club participation.

I hereby give permission for the staff of the club to seek, during the period of club practice, appropriate medical attention in the event of accident, injury or illness. I will be responsible for any and all cost of the medical attention and treatment.

Also, I grant permission for North Scott Wrestling Club to use the wrestler's name, accomplishments and/or photos in newspaper submittals or social media outlets.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_

\*Membership includes singlet rental for one season  
**(Wrestlers not returning singlets at the end of the season will be billed \$65).**

I agree to return the singlet or pay \$65. Initial \_\_\_\_\_

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To be filled out by North Scott Wrestling Club:

Singlet Received	Other	Total Amount Paid
YES/NO	_____	\$_____ cash _____ check _____ check #