

Registration Form (Please print Clearly)

Wrestler's Name: _____ Date of Birth: _____

Age: _____ Grade: _____ Weight: _____

1st Year 2nd Year 3rd Year 4th Year 5th Year 6th Year 7th Year

Middleburg Elem Middleburg Middle West Snyder Middle West Beaver Elem Perry-West-Perry

Father's Name: _____

Mother's Name: _____

Wrestler Lives with: Father Mother Both Parents Other _____

Wrestler's Address: _____

City: _____ Zip: _____

Father's Phone: _____ Mother's Phone (if different): _____

Father's Cell: _____ Mother's Cell: _____

Email Address: _____

Special Physical Challenges: _____

(Limitations,
Allergies, past
injuries, ect.)

We authorize our child or ward to be treated by a licensed physician, EMT, registered nurse, physicians assistant, dentist, or athletic trainer, if necessary, while attending practice, tournament, matches or any other activity while competing in this program. In submitting this entry, we waive, release, and forever discharge Midd-West Wrestling Association and Midd-West School District, and all coaches, referees, and the host facility for and from any and all injuries, losses, or other damages suffered by our child or ward while participating in this program. We agree to indemnify and hold MWWA & MWSD, and all coaches, directors and staff, and the host facility, harmless from and against any and all claims or demands, including reasonable attorneys' fees, made by any third party, to include our child or ward, due to or arising out of our child or ward's participation in this program. We acknowledge that participation in this program poses risks for our child or ward, and we represent that our child or ward is physically able to participate in this program.

Parent/Guardian's Signature: _____ Date: _____

Wrestler's Signature: _____

Photo Release: By signing below I give the MWWA authorization to post names, results, weights, and photos on the wrestling website. I understand that this shall remain in effect until such time as I notify The MWWA in writing that I no longer wish to authorize this action.

Parent/Guardian's Signature: _____ Date: _____