

Trussville Takedown

2011-2012 Season

Name: _____

Address: _____

City: _____ Zip: _____

MOTHER: _____

Phone Number: _____

Email: _____

FATHER: _____

Phone Number: _____

Email: _____

Grade: _____

DOB: _____

Approximate weight: _____

Years of wrestling experience: _____

PRACTICE:

Mon, Tues, Thurs 630-8 HTHS wrestling room

REGISTRATION FEE: \$75

Checks should be made payable to: **TTC**

This form may be brought to the first practice on

November 1st or mailed with payment in full to:

Trussville Takedown Club
109 Dawn Cir
Trussville, AL 35173

Medical Treatment Authorization

And Waiver Form

1. List any medical conditions that clinic personnel

Should be aware of: _____

2. List any medications currently: _____

3. List any allergies: _____

In case of emergency, if parents cannot be reached,

Please contact:

Name: _____

Phone number: _____

The risk of injury exists in wrestling as it does in any contact sport, and I knowingly and freely assume all such risks, both known and unknown. I hereby grant permission for this child's participation in the Trussville Takedown Club's wrestling season, intending to be legally bound for myself, my heirs, executors or administrators, I waive and release any and all rights and claims for damage against the Trussville Takedown Club (TTC), it's representatives, officers & volunteers, the Trussville City School District, and all officials from injuries that he/she may receive directly or indirectly from practice or competition. I certify that this child is protected by health insurance which will compensate me for any expenses incurred as a result of these injuries. I certify that this child is in good health and the information provided on this form is correct. I further more authorize TTC representatives to seek medical treatment which is reasonable to care for the participant.

Signature of parent or guardian date