

Viking Mat Club a USA Wrestling Club
Wrestling Registration Permission Certificate



Team Registration :

Number Fee
Vikings (\$190 for 1st wrestler/\$120 for 2nd and 3rd)

Registration Price includes USA Wrestling Card

Team Preference: BCC, WWHS MW, WWHC TTH (Circle One)

Total \$ _____

Wrestler's Name: _____

Parent's Names: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Height: _____ Weight: _____

Date of Birth: _____ Grade: _____ School: _____

General Health (Describe any special medical problems, allergies, etc.): _____

Parent/Guardian Information:

I consent to my child's participation in the Viking Mat Club. I realize that wrestling is a strenuous sport and certify that my child is medically fit to participate. In consideration of the acceptance of this registration, I agree to hold harmless and to indemnify the Viking Mat Club, its officers, directors, managers, coaches, or agents, jointly or separately, from any liability for any cause of action for negligence arising out of my child's participation.

I guarantee the return of all uniforms and /or equipment issued to my child by the Viking Mat Club. If I fail to return the designated uniforms/equipment within 30 days after completion of the season, I agree to pay the full replacement cost of the missing equipment and/or uniforms.

I understand that I am responsible for the transportation of my child to and from practices and meets. I agree to have my child picked up promptly at the conclusion of practices and meets.

VIKING MAT CLUB MAINTAINS NO HEALTH OR ACCIDENT INSURANCE and is not responsible for medical costs or injuries sustained while participating in this program. **MAKE CHECKS PAYABLE TO VIKING MAT CLUB-** regardless of team. Send to **VIKING MAT CLUB REPRESENTATIVE... MICHAEL LERER** mlerern@meridianhomesinc.com **301.461.2665**

REGISTRATION FEES ARE NOT REFUNDABLE. Read, understood, and agreed to:

Print Parents Name

Signature

Date

Place of Employment

Work Telephone