

Shirt Delivered _____

Shirt Ordered _____

Check # _____

Chadron Junior Wrestling Club Parent Consent Form

Name of Wrestler _____

Date of Birth _____ Phone # _____

Parent/Guardian _____ Other Phone # _____

Address _____ Email _____

I hereby give my consent for the above named wrestler to participate in the Chadron Junior Wrestling Club Program. I authorize the Club to obtain, through a physician of its own choice, any emergency care that may become necessary, in the course of Club activities. I agree not to hold the Club, or anyone acting in the Clubs behalf or Chadron Public Schools, responsible for any injury to the above named in the course of Club activities.

Signed _____ Date _____

Emergency Information

Name of person to contact in case of an emergency situation if parent of guardian cannot be reached _____ Phone # _____

Medication/medical problems or allergies coaches should be aware of:

Club Fee Information

Fee includes USA Membership Card (This card is mandatory for insurance purposes).

K-2nd Grade \$40 (\$30 each additional child)

3rd-12th Grade \$50 (\$40 each additional child)

Wrestler's years of experience _____

Shirt size (circle one)

YS(6-8)

YM(8/10)

YL(10/12)

AS(12/14)

AM

AL

AXL