

PARENT/GUARDIAN INFORMATION:

FATHER OR MALE GUARDIAN

MOTHER OR FEMALE GUARDIAN

Name _____

Name _____

Address (if different than child)

Address (if different than child)

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Other Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____

I/We the parents or guardians of the above mentioned child hereby give my/our approval to participate in any and all Mustang Wrestling club practices and activities. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Millard Public School System, Mustang Wrestling Club, the organizers, coaches sponsors and participants.

I/We understand the costs and commitments and understand that no refunds will be made available following the first week of practice.

Signature (Parent or Guardian) _____ Date: _____

Do not fill out information below: TO BE FILLED OUT BY MUSTANG WRESTLING CLUB

_____ **\$70 FEE**

_____ **\$40 Refundable Singlet Fee.**

_____ **Copy of Birth Cert.**