

Beach Boyz Wrestling Club Registration  
Sept. 1, 2021- Aug. 31, 2022

Club Membership: \$145.00

Sibling Discount Membership: \$75.00

(must be purchased with or after 1 original priced membership)

For Office Use Only

Member AAU # : \_\_\_\_\_

Payment Date : \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment by: Cash    Credit Card    Check

Wrestler's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_ phone number \_\_\_\_\_

Mother's / Guardian's Name: \_\_\_\_\_ phone number \_\_\_\_\_

Emergency Name and Number (other than parents): \_\_\_\_\_

Does your child have any physical limitations? \_\_\_\_\_

List all medications your child takes or is allergic to \_\_\_\_\_

**Athletic Participation/Release of Liability**

I, \_\_\_\_\_, the undersigned parent/guardian, do hereby give permission for my child to attend and participate in wrestling classes at the Patriot Wrestling Club, and I hereby acknowledge that during the participation of this activity there is a possibility of physical injury to the above named student. I, therefore, for myself and all others who might have a similar claim, do hereby waive, release and forever discharge any and all rights and claims for any and all damages which may arise now or in the future against First Colonial Wrestling Club, its officers, directors, coaches, agents, or representatives, for any injury or damage which my child may sustain while attending and participating in classes or meets at the Patriot Wrestling Club. This release of liability shall also be extended to the AAU Wrestling Association, of which Patriot Wrestling Club is a member and to any school or other facility where practices or meets may be conducted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Points of Contact:**

Carolyn Henderson-Club President  
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