

Beach Boyz Wrestling Club Registration
Sept. 1, 2024- Aug. 31, 2025

For Office Use Only

Payment Date : _____

Payment Amount: _____

Payment by: Cash Credit Card Check

Club Membership: \$200.00

Sibling Discount Membership: \$100.00

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

Wrestler's Name: _____ DOB: _____

Address: _____ Zip: _____

Phone Number: _____ E-mail address: _____

School: _____ Grade: _____

USAWrestling Membership Number: _____

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 USA 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:

Nicole Shields- Club President
beachboyzwrestling@gmail.com

Mary Goenner-Club Treasurer
marygoenner13@gmail.com