

2019-2020 BEACH BOYZ WRESTLING CLUB – www.beachboyzwrestling.net

Name: _____

Address: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Age: _____ DOB: _____ 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 _____

Membership (\$125.00) _____ (\$60.00 Additional Family Member Discount) _____

Date Paid: _____ Online _____ By Check _____ (**Checks payable to: BBWC**)

AAU Card #-_____ (must be purchased online prior to first practice at aausports.org)

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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757-343-7053

Mary Goenner-Club Treasurer
marygoenner13@gmail.com
757-567-3051