



ONONDAGA WRESTLING CLUB

2023-2024 Registration Form

Child's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Address: _____

Parent (s) Name: _____

Telephone Number: _____

E-Mail Address: _____

PARENTS' / LEGAL GUARDIAN CONSENT

I hereby give permission for my child to wrestle in the Onondaga Wrestling Club program. I hereby agree not to hold the Onondaga Wrestling Club or the Onondaga Central School District, its officers, directors, coach's or any other benefactors of the club for any injury, or result of such injury received by my child during practice sessions, scrimmages and travel to events. I certify that my child has recently been examined by a qualified physician and is medically able to wrestle.

Print Your Name:

Parent/Legal Guardian Signature:

Date:

Does your child have any medical conditions which would not prevent him/her from wrestling, but which the Onondaga Mat Wrestling Club should be aware of? If so, please explain below:

Uniform Information (circle): "Wrestlers Only"

Adult Shirt Size: S M L XL XXL

Youth Shirt Size: S (6-8) M (10-12) L (14-16)

Fees: \$ 45.00 per child, \$ 80.00 cap per family (fees include T-shirt, league tournaments, year end banquet)

Make Checks Payable to: **Onondaga Wrestling Club**

Below to be completed by Onondaga Wrestling Club:

Sign Up Fee: _____ Cash: _____ Check Number: _____

Singlet Size: _____ Shoes: _____



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Authorization for Medical Treatment of Minors

I (We) being the parent(s) or legal guardians(s) of the below named minor(s), do hereby appoint: **Onondaga Wrestling Club Coach's and Coordinators** to act in my (our) behalf in authorizing unexpected medical, dental or hospital care for the below named minor(s) during the period of my (our) absence, for the **2023-2024 Onondaga Wrestling Club Season**. This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental or hospital care may be required.

Name(s) of Minor(s):	Birthdate:	Special Conditions or Allergies:

PARENT / GUARDIAN:

Name:		Insurance Carrier:
Phone:		
Cell 1:		ID or Contract Number:
Cell 2:		

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Received By: _____ Date: _____