

CUMBERLAND VALLEY WRESTLING

REGISTRATION FORM 2011-12

Name of Wrestler: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number(s): _____

School: _____ Grade: _____

Parent/Guardian Name(s) E-mail Address(es): *(please print legibly)*

Previous Wrestling Experience? *(circle one)* YES NO
If yes, Number of Years: _____

Do you allow CVWBC to post your child's picture on the CVWBC website? *(circle one)* YES NO

Do you allow CVWBC to post your child's name on the CVWBC website? *(circle one)* YES NO

Due to the fact that CVWBC is a parent-run organization, if your child is wrestling in a CV tournament, a family member of that wrestler is REQUIRED to work that tournament. Initial here indicating you understand you must work the CV tournaments in which your child wrestles. _____
(initial here)

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
PLEASE PRINT LEGIBLY

Registration Fees: (Cash or Check payable to "CVWBC")

\$75.00 first wrestler (\$60.00 each additional wrestler in same family)

\$20.00 singlet deposit per wrestler (deposit returned when singlet is returned at end of season)

CVWBC USE ONLY		
Registration Fee Received	\$ _____	Payment Method: cash or check # _____
Singlet Deposit Received	\$ _____	Payment Method: cash or check # _____
Total Amount Received	\$ _____	Payment Method: cash or check # _____

T-SHIRT SIZE: _____
M (10-12) L (14-16) Adult Small Adult Medium
(to be completed at registration)

Birth Certificate Provided: Y NS (6-8)

Weight: _____
(to be completed at registration)

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

NAME OF CHILD: _____ DOB: _____

Father/Guardian: _____
Cell: _____ Home: _____ Work: _____

Mother/Guardian: _____
Cell: _____ Home: _____ Work: _____

****If unable to reach parents, please notify:** _____
Cell: _____ Home: _____ Work: _____

****In case of injury to child, list hospital preference:** _____

Family Doctor/Practice: _____
Phone: _____ 2nd phone (if applicable): _____

List any allergies to food, fluids or medicine:

List any injury or medical condition(s) that require Medical Care:

List any medication(s) your child takes regularly:

PARENTAL CONSENT TO PARTICIPATE

I give consent for my child, a resident of the Cumberland Valley School District, to participate in the Cumberland Valley Wrestling Booster Club program.

I, _____, parent/legal guardian of _____
acknowledge my child is registered as a participant of the Cumberland Valley Wrestling Booster Club for the 2011-12 season, and do fully understand that a physical is not required for this program, but is strongly recommended by the Booster Club. I also understand that this wrestling activity is a full-contact sport.

I enter my child at my own risk and of free will, and the undersigned, as herein identified, will not in any way hold responsible CVWBC, members of the board and employees, volunteers, or agents thereof for any and all injuries that my child may receive, or any and all losses that they may incur, directly or indirectly, from training, traveling to or from, or participating in the aforementioned wrestling program or related activities.

Parent/Guardian's Signature: _____ Date: _____