



Wrestler's Name	Date of Birth (m/d/y)	Age	Grade	School Name	Weight	Allergies	T-Shirt Size YS, YM, YL, AS, AM, AL, AXL

Contact Information

Parent/Guardian Name(s)	
Relationship	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

Medical Information

Insurance Company	
Policy Holder	
Group and Policy Number	
Primary Doctor's Name	
Primary Doctors Phone Number	

Emergency Contacts

Contact Name	Phone Number
1.	
2.	

Sign-up Cost

\$70.00 for first wrestler

\$50.00 each additional child

\$100.00 work bond is required. The work duty required is helping at all home matches, fundraising with canning, raffle ticket sales, and singlet return by the season end banquet.

Make checks out to Wildcat Wrestling. (One check for registration fee and one check for work bond.) PayPal option available on our website: www.delvalwrestling.com

****Mail registration form to: Del Val Wildcats PO Box 232 Baptistown, NJ 08803**



Medical Release

In case of emergency, I hereby authorize the listed physician and/or their covering physicians or in the event these persons cannot be reached, the emergency physician on duty at the hospital to provide emergency treatment to our child for:

- A. Any laceration, fracture, or other traumatic injury; or
- B. Any symptom, disease or injury which in the judgment of the attending physician, if untreated reasonably may be expected to increase the risk of or threaten disfigurement or impairment of his/her facilities. No surgery or life threatening procedure may be performed upon my child and no general anesthesia may be administered unless:
 - 1. The life or health of my child is in danger; or if delaying such treatment to obtain consent would create a threat or serious injury to the health of my child.
 - 2. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

Parent or Guardian

Date

Waiver and Release

The undersigned, individually and or acting through his/her parent or legal guardian on his/her behalf in consideration of acceptance into the Wildcat Wrestling Club program and participation therein to WWC's pledge, and to wavier any right, legal or equitable, to claim damages for any loss to person or property occasioned by participation in such programs, and further agree not to hold the Wildcat Wrestling Club program, its officers, agents, servants, employees, or sponsors, liable in any way, measure, or form for the payments of such damages, and does herby the said persons from liability on account of any injury to person or property.

Parent or Guardian

Date

Permission to Publish Name/Pictures in Newspaper, Del Val Wildcat website, and Club Facebook Page.

Parent or Guardian

Date

****Mail registration form to: Del Val Wildcats PO Box 232 Baptistown, NJ 08803**

Do Not Write Below This Line

Club Officer Use only

Registration Date _____ Check # _____ Amount _____ Work Bond Check # _____ Amount _____



Wrestler's Code of Conduct

I will wrestle for fun, enjoy myself and be proud to be a wrestler.

I will work hard, listen and ask questions to improve my wrestling skills.

I will be a team player and appreciate the contributions each person makes on the team.

I will be on time and prepared to wrestle for all practices and matches.

I will always show good sportsmanship and respect others regardless of the situation.

I will never argue with a coach or an official.

I will lose with dignity and win with grace,

I will always be a good sport and set a positive example to others, especially the younger wrestlers.

I understand that if I do not abide by these rules and regulations, I will be subject to disciplinary action deemed appropriate by the team's board of officers which could include but is not limited to:

- Verbal warning
- Written warning
- Match/tournament suspension
- Match/tournament forfeit
- Season suspension

Wrestler's Name (Print) _____ Date _____

Wrestler's Signature _____