

OAK CREEK ATTACK

REGISTRATION FORM

WRESTLERS LAST NAME: _____ FIRST NAME: _____

PARENTS NAME: _____ PHONE #: _____

CELL # _____

ADDRESS: _____ CITY: _____ ZIP: _____

WRESTLERS AGE: _____ GRADE: _____ BIRTH DATE: _____

SCHOOL: _____

IN AN EMERGENCY, CALL: _____ PHONE: _____

I hereby give my permission for the above named child to participate in all Oak Creek Attack Wrestling approved practices. As a parent/gardian of _____ I recognize that as a result of injury/illness, medical treatment on an emergency basis may be necessary. I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement or participation in this program. I further recognize that Oak Creek Attack Wrestling personnel may be unable to contact me for my consent for emergency medical care. I do hereby CONSENT IN ADVANCE to such emergency care as may be deemed necessary by Oak Creek Attack Wrestling personnel, under the then existing circumstance. I further understand that the costs of such medical treatment will be borne by the parent/guardian's insurance and/or the parent/guardian's themselves.

Signature of Parent/Guardian

Date

E-mail address

USA CARD #: _____

