GERMANTOWN HORNETS WRESTLING

YOUTH CLUB

2019-20 Registration Form

Wrestler's Name_____

Wrestler's Age _____

Parent/Guardian's Name_____

Email Address_____

Phone_____

USA Wrestling Card Member ID# _____

Check the Hornets Session you are registering for and sign the waiver agreement.

All registration forms and payments can be mailed to W147N9640 Farm Valley Court, Germantown, WI 53022 or brought with you on the first day of practice and given to the session coach.

Make all checks payable to "Germantown Hornet's Wrestling Club Inc."

All participants must be USA Wrestling Members. To Join USA Wrestling, go to:

http://www.usawmembership.com

(Be sure the USA Wrestling Card Membership ID is listed above)

You will not be able to practice until you have your USA card.

Hornets Fall Open Mat Session(7th–12th grade**):** *(No Fee)*_____

Hornets Winter Sessions A & B (K-5th grade**):** **(***$100)*_____ *T-Shirt Size:*_____

Hornets Winter Session B Only (K-8th grade**):** *($50)*_____ *T-Shirt Size:*_____

Hornets Summer Camp (Hall)(2nd-12th grade**):** *($125)*_____*($165 camper)*_____

Hornets Summer Dual Team (8th – 12th grade**):** (No Fee) _____

Germantown Hornets Wrestling Club Inc Waiver and Parental Release: I, the undersigned, parent/guardian of_____(participant's name) release Germantown Hornets Wrestling Club Inc and all their employees, officers, and agents from all claims of damage, demand, and actions whatsoever, including costs and attorney's fees, arising out of negligence of Germantown Hornets Wrestling Club Inc in conjunction with my child's participation in Germantown Hornets Wrestling Club Inc activities. This release is given in consideration of providing supervision of my child during Germantown Hornets Wrestling Club Inc and includes, but is not limited to, my commitment to hold Germantown Hornets Wrestling Club Inc harmless from any such claims against it. I hereby submit that my child is physically able to participate in the activities of Germantown Hornets Wrestling Club Inc. I understand that there are risks inherent in wrestling activities, including the risk of physical injury or death, and I assume such risks on behalf of my child. I release Germantown Hornets Wrestling Club Inc from all liability arising from the negligence of Germantown Hornets Wrestling Club Inc, their agents, officers, directors and employees if my child is injured and/or if any claims should arise out of my child's participation in Germantown Hornets Wrestling Club Inc activities. I authorize Germantown Hornets Wrestling Club Inc to act for me according to its judgment in any emergency involving my child requiring medical attention. In the event of an emergency, I give Germantown Hornets Wrestling Club Inc my permission to administer first aid and/or obtain emergency medical treatment in my child's best interest. I agree to pay all expenses incurred due to any emergency involving my child in conjunction with Germantown Hornets Wrestling Club Inc.

Date: _____

Parent/Guardian Signature:_____

Printed Name:_____