

Eden Prairie Wrestling Club

Registration

K - 6th Grade

www.epwrestlingclub.org



Registration Form

Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent (1): _____ Cell: _____

E-Mail: _____

Parent (2): _____ Cell: _____

E-Mail: _____

T-Shirt Size: Youth: XS S M L Adult: S M L

Session I (\$50) _____ Session II (\$50) _____ Both Sessions (\$90) _____

Make check payable to EPWC

A signed medical release is required

Medical Release

RELEASE OF LIABILITY: By signing below, I (we) the parent/guardian of the registrant, a minor, agree that I (we) and the registrant will abide by the rules of USA Wrestling and the Eden Prairie Wrestling Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with wrestling and in consideration for USA Wrestling and Eden Prairie Wrestling Club accepting the registrant for its wrestling programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USA Wrestling and Eden Prairie Wrestling Club, its affiliated organizations and sponsors, their associated personnel, including the owners of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian Required: _____

Emergency Contact: _____ Phone: _____

Medical Insurer: _____ Policy Number: _____

Please note any physical limitations we should be aware of: _____

Mail completed form and check to:

John Fuchs
9145 Flyway Circle
Eden Prairie, MN 55347