

**Evansville Demons Wrestling Club
Freestyle and Greco
Registration Form 2017-2018**

1. Wrestlers Name: _____

Birth Year: _____ **Grade:** _____ **USA#** _____ **Years of experience:** _____

2. Wrestlers Name: _____

Birth Year: _____ **Grade:** _____ **USA#** _____ **Years of experience:** _____

3. Wrestlers Name: _____

Birth Year: _____ **Grade:** _____ **USA#** _____ **Years of experience:** _____

Parent/Guardian Name: _____

Phone#: _____

Mailing Address: _____

Emergency Contact: _____ **Phone#:** _____

Email:

****Please provide an active e-mail and check at least once a week for announcements****

Fee: \$55.⁰⁰ for the 1st wrestler, \$30.⁰⁰ for the 2nd wrestler, and an additional \$20.⁰⁰ total for a household of 3 or more. Make checks payable to EDWC. FEES DO NOT INCLUDE USA CARDS. Cards are 40.00. Cards need to be ordered on-line at usawmembership.com. USA Cards are only required if your child participates in weekend tournaments.

Waiver of Liability

***I hereby give consent for _____ to participate in the Evansville Demons Wrestling Club. I will not hold the Coaches or the Evansville School District responsible for injuries and/or lost articles. By signing below I release all clinicians, participants, and the School District from any actions, suits, claims, or judgments that may result from any personal injury My child may sustain while participating in the Club.**

*** I also give permission to any member of the Demons Wrestling Club to post photos and stats of my child on the team website and the newspaper.**

Parent Signature: _____ **Date:** _____

PAYMENT: CASH _____ **CHECK** _____ **AMOUNT PAID:** _____ **AMOUNT DUE:** _____

CONCUSSION FORM WRESTLER _____ **PARENT** _____ **EQUIPMENT FORM:** _____