



LINCOLN WARRIORS REGISTRATION FORM: 2019-2020

PLEASE CHECK SESSION CHOICE:

- Early Session (Nov/Dec) COST: \$65.00
- Competitive Session (Jan-Mar) COST: \$90.00
- Both Sessions (Nov-Mar) COST: \$135.00
- Additional wrestler from the same family (cost per session) COST: \$55.00

Wrestler's Name: _____ D.O.B. _____

Grade: _____ School Attending: _____ Experience(years wrestled) _____

Home Address: _____ City/State/Zip: _____

Parent /Guardian: _____ .ph. _____ email: _____

Parent /Guardian: _____ .ph. _____ email: _____

PLEASE MAKE SURE TO FILL IN SHIRT SIZE FOR FREE SHIRT IN EQUIPMENT BELOW

How did you hear about us (circle one): Friend Facebook Flier Internet Other

WAIVER

If my child needs medical treatment while participating , it is my wish that the treatment be begun while efforts are being made to contact me so that the treatment is not delayed, and consent to any medical procedures that the medical attendant believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatments.

In consideration of signing this form, I hereby for myself, my heirs, and administrators waive and release the Lincoln Warriors Wrestling Club, Lincoln Public Schools, and Lincoln School Board of all liability for any injuries suffered during practice or competition. This release includes all club coaches, directors, workers, board members, and any others assisting with practices. I as the parent or guardian signing on behalf of a minor, agree to indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney's fees, loss, liability, damage, or any costs incurred as a result of any such claim.

The Lincoln Warriors Wrestling Club will on occasion take photographs and/or video of its members and program participants for use in print and electronic materials. I approve and consent to having my child's images used in this manner.

Signature of parent/guardian: _____ Date: _____

FINANCIAL		EQUIPMENT			Wrestler Insurance Number	
	Early	Comp	Shoes	Singlet		T-Shirt
Check #					██████████	
Amount					██████████	
Size						