REGISTRATION FORM

Participant's Name:_____
(Last Name) (First)

Address:_____ **City:**_____
Zip code:_____ **Telephone:**_____ **E-mail:**_____
Birth date:___/___/___ **Age:**_____ **Grade:**_____ **School:**_____

T-SHIRT SIZE:	**YTH MED.**	**YTH LG.**	**AD SM.**	**AD MED.**	**AD LG.**
(CIRCLE ONE)	**10-12**	**14-16**	**34-36**	**38-40**	**42-44**

EXTRA SHIRTS:_____
(NUMBER) (SIZES)

PARTICIPANT'S WAIVER AND RELEASE FORM

In consideration of being allowed to participate, the undersigned:

A. Agrees that prior to participation, they will inspect the faculties and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.

B. Acknowledges and fully understands that each participant will be engaging in activities that involves risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

C. Assumes all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

D. Releases, waives, discharges and covenants not to sue Granite School District, their respective administrators, directors, agent, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertises and if applicable, owners and leases of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the undersigned, his or her account of injury, including death or damage property, caused or alleged to be caused in whole or in party by the negligence of the releases or otherwise.

E. I hereby, certify that_____is in normal health and capable in participating safely in the Colt Wrestling Club program and has accident and health insurance.

F. I hereby authorize the coaches of the Colt Wrestling Club to act in my behalf in accordance with their best judgment in case of an emergency.

Parents Signature_____ Date:_____