

2016-2017 Fitchburg Youth Wrestling Association Registration

	WRESTLER #1 INFORMATION	WRESTLER #2 INFORMATION
First Name:		
Last Name:		
Birth date:		
Gender:		
Grade:		
Weight:		
Tee Shirt Size: circle one	YS YM YL AS AM AL AXL AXXL	YS YM YL AS AM AL AXL AXXL

	Address Information
Street:	
City:	
State:	
Zip Code:	

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
First name:		
Last name:		
Email:		
Phone:		

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WAIVER AND PHOTOGRAPH AUTHORIZATION

CONSENT AND RELEASE FORM

I/We, the undersigned, being the parent(s) or guardian(s) of the Participant, who is my/our child or ward, a minor, do hereby consent to my/our child's or ward's (the "child" or the "child's") participation in voluntary athletic, recreation or extra-curricular programs (the "Programs") provided by the Fitchburg Youth Wrestling Association.

I/We represent and warrant that I/we am or are the parent(s) or guardian(s) of the child with authority to so consent and to sign this Consent and Release Form (the "Form").

I/We understand that participation in the Fitchburg Youth Wrestling Association carries the possibility of physical injury and may involve physical activity that may be strenuous and that there are risks inherent in the the sport of wrestling.

I/We agree to forever release the Fitchburg Youth Wrestling Association, all of its officers, members, officers, directors, employees, agents, board members, volunteers, coaches, assistants, administrators or other associates of Fitchburg Youth Wrestling Association (the "Releasees"), assisting, participating or providing services in the Programs of the Releasees from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to the child or property damage resulting from the child's participation in the Programs.

I/We also agree to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of all description that may have been asserted or may be asserted in the future, directly or indirectly, arising from personal injuries to the child or property damage resulting from the child's participation in the Programs.

I/We understand that the child's participation in the Programs is voluntary and that the child and I/we am or are free to choose not to participate in the Programs. By signing this Form, I/we affirm that I/we have decided to allow the child to participate in the Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage the child or I/we may suffer as a result of participating in the Programs. I/We further affirm that I/we have read this Form with care and that I/we understand the contents of this Form.

I/We understand and acknowledge that this Form is a legal instrument, which may affect my/our legal or the child's legal rights, and that I/we was or were afforded the opportunity to have this Form reviewed by legal counsel of my/our choice before my/our signing this Form.

I/We sign this Form voluntarily and freely without duress.

I/We further acknowledge that the Releasees have made no representation of fact or opinion to me/us, which in any manner had induced me/us to agree to sign this Form.

PHOTOGRAPH AUTHORIZATION. I/We, do hereby acknowledge that Fitchburg Youth Wrestling Association photographs participants and publishes such photographs for promotional use, display or for posting on its or its progams' websites. I/We, the undersigned, hereby consent to the photographing of my/our child or ward and publishing of such photographs for the purposes stated herein or for purposes related to the program in which my/our child is participating.

Signature: _____ Date: _____