

Div. I

Alamosa Kids Wrestling Club Registration Form

1. Name of Participant _____ First time? Yes/No _____
2. Birthday _____ Present Age _____ Approx. Weight _____
3. Address _____ Phone _____
4. Name of School Child Attends _____

Medical Information

5. Physician (include name, address, office and residence number) _____
6. Does your child ever have any physical or medical problems? _____
7. Has your child ever had asthma? _____ Seizures? _____
8. Has your child had an allergies to medication? _____
9. Name of Medical Insurance _____
10. In case of emergency notify _____

I hereby give permission for emergency medical treatment for my child and will assume responsibility for any expense incurred for such treatment. I assume responsibility for the actions and well being of my child and in no way hold the Alamosa Kids Wrestling Program or any individual associated with said organization liable.

_____ Date

_____ Signature

_____ Home & Work Phone

_____ Email Address

Registration Fee: \$40.00 CHECK CASH Birth Certificate Received: YES NO
Late Fee: \$5.00 if registered after registration deadline.

Uniform Check Out

Uniform Size: YXS YS YM YL AXS AS AM AL

Parent / Guardian Name _____

Additional Contact Name _____

Additional Contact Phone _____

Parent or Guardian will be responsible for the uniform to be returned in good condition. If a uniform is lost, damaged, or not returned the Parent or Guardian will be responsible for a replacement fee of \$70.00

_____ Parent / Guardian Signature