

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