

## 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