

# Middle School Registration Form 2009-10

## Wrestler Information

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Nick Name (If Any): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Your Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Primary Email: \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_  
Grade Level: 6  7  8

## Wrestler Personality Profile

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Favorite Foods: \_\_\_\_\_ Hobbies: \_\_\_\_\_  
Favorite Band: \_\_\_\_\_ Pet Peeves: \_\_\_\_\_  
Favorite Movie: \_\_\_\_\_ Favorite TV Show: \_\_\_\_\_  
Siblings Names: \_\_\_\_\_ Ultimate Dream Car: \_\_\_\_\_

## Parent / Guardian Information

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Father Name: \_\_\_\_\_  
Father Address: \_\_\_\_\_ Same as Wrestler   
Father Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Father Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Father Email: Same as above  \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

Mother Name: \_\_\_\_\_  
Mother Address: \_\_\_\_\_ Same as Wrestler   
Mother Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Mother Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Mother Email: Same as above  \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

Guardian Name: \_\_\_\_\_  
Guardian Address: \_\_\_\_\_ Same as Wrestler   
Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Guardian Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Guardian Email: \_\_\_\_\_ @ \_\_\_\_\_ • \_\_\_\_\_

## Parent / Guardian Agreement

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*I, the parent / legal guardian of the registrant, a minor, agree that the registrant and I recognize the possibility of physical injury associated with wrestling, and in consideration of the River Falls Youth Wrestling Club accepting the registrant for its wrestling program, I hereby release, discharge, and / or otherwise indemnify River Falls Wrestling including the sponsors, their employees, and associated personnel, including the owners of the facilities utilized for the program, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the program. River Falls Wrestling, River Falls Wrestling Coaching Staff and the River Falls School District cannot be held liable for injuries sustained during practice or tournaments. Wrestlers not adhering to the rules of the practices will be asked to leave. We will not be responsible for any child asked to leave early. Please inform your child of this rule and be prepared to provide early transportation home if your child is asked to leave. We want to provide a quality wrestling education and safe place to learn. Wrestlers must not be dropped off more than 15 minutes prior to the start of practice and must be picked up promptly at the time the practice ends.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_