

Registration Form: WWC Mat Monsters (Please make checks payable to WWC)

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Grade entering 2010-2011 \_\_\_\_\_ T-shirt size (youth) M\_\_\_ L\_\_\_ (adult) S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

Registering For: Youth Wrestling \_\_\_\_\_ Fee: \$175 \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Email Address \_\_\_\_\_

**Assumption of Risk\Release of Liability**

It is understood that Wylie ISD and/or Lovejoy ISD does not provide medical insurance covering injuries of any nature incurred during the 2010-2011 wrestling season. The undersigned hereby releases Wylie ISD and/or Lovejoy ISD from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from participation in any athletic event. All participants should be covered by their own insurance policies.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_