# Rum River Wrestling Club 2019/2020 Wrestling Season Registration

# **Registration Fees:**

- 2nd thru 5<sup>th</sup> Grade: \$125.00 per wrestler (\$120 if you register at registration night on 11/7/19)
- Multi child discount for same family available; 2<sup>nd</sup> child: \$100.00, 3<sup>rd</sup> child: \$90.00
  - o Cost covers club registration (folk style, free style, and Greco), MN USA membership, and club t-shirt
- Volunteer Deposit: \$100.00 refundable deposit upon fulfillment of volunteer requirements (see club information sheet for more details).

Name:		Grade:	
Experience (yrs.):		Weight (approx.):	
Date of Birth:		School:	
Address:		City/Zip Code:	
Parent/Guardian 1:	Name:		
	Email:	Phone:	
Parent/Guardian 2:	Name:		
	Email:	Phone:	
Emergency Contact		Phone:	
Miscellaneous info regarding your child for			
coaches and board:			
T-shirt Size:	Youth: XS S M L XL	Adult: S M L XL	

## **Trial Period:**

Rum River Wrestling offers a two week trial period to first time wrestlers who are not sure if they want to participate in the sport.

- The trial period for the 2019/2020 season will start on 12/2/19 and will end on 12/17/19.
- During the trial period, your check will be held, no t-shirt will be supplied, and no MN/USA card will be ordered.
  - When/if your child decides to participate for the entire season, a t-shirt will be supplied and a MN/USA card ordered.
- At the end of the two week trial period, if you do **not** notify a board member that your child is dropping the program, your check will be cashed.

I'm enrolling my child in the two week trial period. I understand that my check will be cashed on:
Wednesday, 12/20/19 unless I notify a Rum River Wrestling board member. I understand that after this time, there will be
no refunds.

### **Wrestling Consent / Hold Harmless:**

I the parent/legal guardian of the above named wrestler, a minor, agree that the wrestler and I will abide by the rules and codes of conduct of the Rum River Wrestling Club and Cambridge-Isanti School District. I recognize that there is a possibility of physical injury associated with wrestling, and in consideration for the Rum River Wrestling Club accepting the wrestler for its wrestling program and activities, I hereby release, discharge hold harmless and/or otherwise indemnify the Rum River Wrestling Club, associated personnel, including the Cambridge-Isanti School District, the Cambridge-Isanti High School, and any other school or wrestling club and its facilities athletes utilize for wrestling, against any claim by or on behalf of the wrestler and as a result of the wrestler's participation in the program.

#### **Consent for Medical Treatment:**

Parent/Guardian Signature:

As the parent/legal guardian of the above named wrestler, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, and well-being of the wrestler.

### Consent for use of Photos and/or Name:

I authorize the release of all pictures taken during any wrestling	event for promot	ion purposes, includi	ng use on our website;
www.rumriverwrestling.com.			
Does the registrant have Medical Insurance / Coverage?	Yes	No	

, ,				
I have already purch	nased my child's MN USA Wrestling Card:	Yes	No	

# **Club Use Only**

Registration Check #	Volunteer Check #	MN USA Card

Volunteer – Rum River Qualifier	Volunteer – Cambridge Open	Volunteer – MN USA State