## COPPELL STARS WRESTLING CLUB 2021

## **MEMBERSHIP APPLICATION**

DIVISION: LITTLE STARS	_COMMUNITY_	_ COMPETITION TEA	AMHS
Athlete's Name:		Gender: M	FAge:
Birthday:Parent/G	uardian Name:		
Address:			
City:		State:	Zip:
Primary phone number (Emergency Cor	ntact)		
Parent Email:			
School:		Gra	nde:
Wrestling experience: 0-1 Years:1-	2 Years:2-3 Y	Years:3-5 Years:_	5 +Years:
I hereby represent that I am the parent or legal referred to as "Participant"). I have voluntarily Stars Wrestling Club. In doing so I understand risks associated with it. Additionally, I understand physical contact and exertion, and that Participaware of the risks associated with this activity, and all activities conducted by the Club. Accelaims and causes of action of any kind that participation in the activities conducted by the Causes of action that could be brought against School District or either of their officers, direct this release extends to and includes any claims any released party that might occur in the futur ACCEPTED AND AGREED:	chosen to enroll Particle that the sport of wre and that Participant with an twill necessarily be I still consent to Particordingly, I hereby vote might accrue in the Coppell Stars Wrestlingthe Coppell Stars Wr	icipant, and allow Particip estling is a dangerous activated in strenuous e exposed to inherent risks icipant's participation in the duntarily, and of my own e future and which arise ing Club. This waiver and restling Club, Coppell Higgents of any kind ("Relea	ant to participate, in the Coppell vity and assume and consent the s wrestling activities that involve s of physical injury. Being fully he Coppell Stars Wrestling Club free will, waive and release all from or relate to Participant's release extends to all claims and gh School, Coppell Independent sed Parties"). I understand that
(C'anal and Call II and Call I		<del>-</del>	
(Signature of adult or parent/guardian)		Dat	e