

Gear	Payments
T-shirt	Check
Shorts	Cash
Singlet	Card
	Payment Plan

Membership Application

USA Card # _____ Age Division _____ Weight _____

Wrestler Information

Sex: M / F Shirt Size: Youth / Adult S / M / L / XL / XXL / XXXL Singlet Size: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Email #1: _____ Email #2: _____

Emergency Contact: _____ Cell #: _____

Medical Alerts: _____

Insurance Co: _____ Policy #: _____

Preferred Hospital: _____ Dr's Name: _____ Phone #: _____

Oregon City Kids Wrestling Association Waiver

The Undersigned hereby releases, waives, discharges, and covenants not to sue the Oregon City Kids Wrestling Program, its sanctioned league/organizations, team managers & coaches of those leagues/organizations, and/or any and all officers of the Oregon City Kids Wrestling Program from liability to the undersigned, his/her personal representatives, assigns heirs and next of kin on account of injury to person or property of the undersigned, and or his/her children who are participating in the Oregon City Kids Wrestling Program, sponsored programs, including, but not by way of limitation, any and all games, practices and travel to and from games and practices.

Signature Parent / Guardian: _____

Date: _____