

# Rum River Wrestling Club

## 2019/2020 Wrestling Season Registration

### 6<sup>th</sup> – 8<sup>th</sup> Grade

#### Registration Fees:

- 6<sup>th</sup> – 8<sup>th</sup> Grade: \$65.00 per wrestler (\$75.00 per wrestler with club t-shirt) (If you join practices after the middle school season)
- 6<sup>th</sup> – 8<sup>th</sup> Grade: \$115.00 per wrestler (\$125.00 per wrestler with club t-shirt) (If you join the whole season)
  - Cost includes club registration (folk style, free style, and Greco) and MN USA membership.
  - Register on November 7<sup>th</sup> 2019 and save \$5 per registration
- Volunteer Deposit: \$100.00 refundable deposit upon fulfillment of volunteer requirements (see club information sheet for more details).

<b>Name:</b>	_____	<b>Grade:</b>	_____
<b>Experience (yrs.):</b>	_____	<b>Weight (approx.):</b>	_____
<b>Date of Birth:</b>	_____	<b>School:</b>	_____
<b>Address:</b>	_____	<b>City/Zip Code:</b>	_____
<b>Parent/Guardian 1:</b>	Name: _____		
	Email: _____	Phone: _____	
<b>Parent/Guardian 2:</b>	Name: _____		
	Email: _____	Phone: _____	
<b>Emergency Contact</b>	_____	Phone: _____	
<b>Other Sports Played:</b>	_____		
<b>Miscellaneous info regarding your child for coaches and board:</b>	_____		
	_____		

\*\*Registration for middle school students will be accepted no later than 1/30/20.

**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:**

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 promotion purposes, including use on our website; [www.rumriverwrestling.com](http://www.rumriverwrestling.com).

Does the registrant have Medical Insurance / Coverage?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I have already purchased 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