

# COPPELL STARS WRESTLING CLUB

## 2025-26

### MEMBERSHIP APPLICATION

DIVISION: LITTLE STARS \_\_\_ COMMUNITY \_\_\_ COMPETITION TEAM \_\_\_ MS \_\_\_ HS \_\_\_

Athlete's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone number (Emergency Contact) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Athlete email: (If applicable) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Wrestling experience: 0-1 Years: \_\_\_ 1-2 Years: \_\_\_ 2-3 Years: \_\_\_ 3-5 Years: \_\_\_ 5 +Years: \_\_\_\_\_

T-SHIRT SIZE (Youth / Adult) \_\_\_\_\_

### RELEASE OF LIABILITY

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as "Participant"). I have voluntarily chosen to enroll Participant, and allow Participant to participate, in the Coppel Stars Wrestling Club. In doing so I understand that the sport of wrestling is a dangerous activity and assume and consent the risks associated with it. Additionally, I understand that Participant will be involved in strenuous wrestling activities that involve physical contact and exertion, and that Participant will necessarily be exposed to inherent risks of physical injury. Being fully aware of the risks associated with this activity, I still consent to Participant's participation in the Coppel Stars Wrestling Club and all activities conducted by the Club. Accordingly, I hereby voluntarily, and of my own free will, waive and release all claims and causes of action of any kind that might accrue in the future and which arise from or relate to Participant's participation in the activities conducted by the Coppel Stars Wrestling Club. This waiver and release extends to all claims and causes of action that could be brought against the Coppel Stars Wrestling Club, Coppel High School, Coppel Independent School District or either of their officers, directors, employees or agents of any kind ("Released Parties"). I understand that this release extends to and includes any claims or causes of action that are based upon, or arise from, the actual negligence of any released party that might occur in the future.

ACCEPTED AND AGREED:

\_\_\_\_\_  
(Signature of adult or parent/guardian)

\_\_\_\_\_  
Date