

**FRANKFORT MAT CLUB**  
**Youth Wrestling Program**  
**Registration & Release Form '09/'10**

**Child One** \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_ Medical Condition \_\_\_\_\_

**Child Two** \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_ Medical Condition \_\_\_\_\_

**Child Three** \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_ Medical Condition \_\_\_\_\_

**Address** \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone \_\_\_\_\_

**E-Mail Address 1** \_\_\_\_\_ **2** \_\_\_\_\_

**I Do/Do Not give permission for my child's photo to be on the FMC website (sign)** \_\_\_\_\_

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**Release:** I hereby agree to release responsibility from the team, its organizers, sponsors, supervisors, volunteers, officials and league representatives from any injuries or unforeseen accidents while participating in the program. I further grant permission for any coach, leader or official to authorize necessary first aid as well as such medical treatment as may be deemed appropriate by a licensed physician for any injury/illness incurred or sustained by the participant while engaged in the activity. I also agree to abide by the rules set forth for conduct and play as established by the league and the team and to support whatever decisions made by officials for the league or team based on these rules.

**Agreement:** I have read, understand and agree to the above information and will comply with the provisions indicated. I also attest to the accuracy of the information listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: Cash \_\_\_\_\_ / Check \_\_\_\_\_ # \_\_\_\_\_