

CWA YOUTH TECHNIQUE CLINIC REGISTRATION FORM

(Please Print)

Wrestlers First Name		Last Name	
Email		Weight	USA Wrestling Card No.
Birth date:	Age:	Wrestling Experience	
Street address:		Wrestlers phone no.:	
P.O. box:	City:	State:	ZIP Code:
Parents Name		Parents Cell Phone Number	
How did you hear about our camp? _____			

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Cell phone no.:
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PARTICIPANTS WAIVER AND RELEASE

As the parent, guardian and or responsible person for, I, the undersigned, register him/her in the Carr Wrestling Academy (CWA) at my own risk and of free will. I understand that wrestling is a full contact sport. I further understand that, although not required a physical examination is strongly recommended. In consideration of registration in the CWA, I hereby waiver any and all claims and rights for damages that I may have or will have, and thereby release CWA, Next Level Trainer Facility and/or their representatives, successors, and officials, for any or all injuries suffered by the aforementioned child in all activities associated with CWA, including but not limited to, those injures or losses suffered in training or in traveling to and from practice, special events, activities or tournaments attended or sponsored by the CWA.

I acknowledge that I have had sufficient opportunity to review the details of this form and understand its purpose, meaning and intent.

Patient/Guardian signature

Date

