MYRMIDONS WRESTLING

Fee: $ $100.00
Payable to:
Myrmidons Wrestling Club
Mail to:
Joe Horvath
208 Oliver Dr.
Chester Springs, PA 19425

"Club membership begins the first day of every school year and remains valid for one full calendar year"

Tues@ DEHS 6pm-8pm
Thurs@ DEHS 6pm-8pm

Wrestler's Name _____
Birthdate(MM/DD/YY) _____ Shirt Size _____
Address _____
_____
City, State, Zip _____
School _____ Grade _____
Home Phone _____
Father's Name _____
Evening Phone _____ Cell _____
E-Mail _____
Mother's Name _____
Evening Phone _____ Cell _____
E-Mail _____
Wrestler resides with: Mother Father Both

Emergency Contact _____
Phone _____
Family Physician _____
Phone _____
Is the wrestler coverd under a Medical Plan? Yes___ No___

Current registration will be valid until August 31st. Renewal registration will begin September 1st.

Please read carefully before signing: I, the parent/guardian of the registrant, a minor, agree that I, my family and the registrant will abide by the RULES, POLICIES AND CODE OF ETHICS OF MYRMIDONS WRESTLING CLUB. Recognizing the possibility of physical injury associated with wrestling and in consideration for the Myrmidons Wrestling Club accepting the registrant for these programs, I, on behalf of my family, hereby release, discharge, indemnify and agree to hold harmless the Myrmidons Wrestling Club, its volunteers, coaches, organizers, sponsors, supervisors and owners of land or buildings utilized by these programs, against any claims by or on behalf of the registrant or members working in a volunteer capacity or as a spectator, as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also authorize emergency medical treatment for the registrant by any qualified licensed medical personnel.

I assure the Myrmidons Wrestling Club that the registrant and my family are covered by our Medical Insurance.
(This application will not be accepted if altered in any way, or if not signed by a parent or Legal Guardian.)

_____ _____
Parent/Guardian Signature Date