



Capital City Wrestling Club 2011-2012 Registration / Waiver Form

Ravenscroft Campus - November 8, 2011 – March 10, 2012

This form and waiver must be completed and signed by a legal guardian before a wrestler can participate in our club.

WRESTLER INFORMATION:

Wrestler's Name _____ Date of Birth: _____

School: _____ Grade: _____

Wrestling Experience: _____ Years (prior to this season) Weight: _____

T-Shirt Size: Youth _____ or Adult _____ S M L XL XXL
(Circle Size)

Medical Concerns: _____

Program/Fees (Circle program and payment option. Make Checks to "Capital City Wrestling Club")

Non Refundable Annual Registration Fee (Good through August 31, 2012) \$35

Grade K-2: Thunder (Sun 3PM-430PM) \$165 season fee payable by Nov 20 **or** \$55 monthly fee

Grade 3-5: Lightning (Tue,Thu. 630PM-8PM) \$185 season fee payable by Nov 15 **or** \$60 monthly fee

Grade 6-8: Storm (Tue, Thu. 7PM-8:30PM) \$185 season fee payable by Nov 15 **or** \$60 monthly fee

HOUSEHOLD CONTACT INFORMATION:

Address _____ City _____ Zip _____

Email (Primary): _____ Email (Secondary) _____

Emergency Phone # 1: _____ Emergency Phone # 2 _____

Father/Guardian: _____

Phone: Home _____ Cell: _____ Work: _____

Mother/Guardian: _____

Phone: Home _____ Cell: _____ Work: _____

Do you have Health / Accident Insurance: YES _____ NO _____

Insurance Company: _____ Policy Number: _____

Capital City Wrestling Club 2011-2012 Registration / Waiver Form

AUTHORIZATION AND RELEASE OF ALL CLAIMS:

It is expressly agreed that participation in the Capital City Wrestling Club and all of the use of Ravenscroft and its facilities shall be undertaken by the parent/guardian at his or her risk. It is further agreed that Capital City Wrestling Club or Ravenscroft shall not be liable for any injuries or damages to parent/guardian, wrestler or other children with parent/guardian, nor the subject of any claim, injury, or damages, whatsoever, including but not limited to damages resulting from act of active or passive negligence on the part of Capital City Wrestling Club, Ravenscroft, its successors or its officers or agents.

It is specifically agreed that Capital City Wrestling Club and Ravenscroft shall not be responsible or liable to the parent/guardian or wrestler for articles lost or stolen in the training center (Ravenscroft). Capital City Wrestling Club and Ravenscroft shall not be responsible or liable for loss or damage to any other property of parent/guardian or wrestler including their automobile and contents thereof. It is also agreed that any damages to the training center facilities (Ravenscroft) or property of any parent/guardian or wrestler by any other parent/guardian or wrestler, is the sole responsibility of the offending parent/guardian or wrestler. I have read and agree to the WRESTLING PRACTICE FACILITIES terms outlined in the 2011-2012 CCWC Parent / Wrestler Handbook.

I have identified all medical problems that Capital City Wrestling Club should be aware of and have provided all special instructions on this Registration Form. I understand that photographic, video and/or other images of my child may be obtained and used in the media, on the Capital City Wrestling Club website, or in other Capital City Wrestling Club promotional and publicity materials at the discretion of Capital City Wrestling Club, and that if I do not wish for my child's image to be used for these purposes I must request so in writing.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina. This release is an agreement between the parties. This agreement and the terms of this release are contractual and not a mere recital.

I give permission for _____ to participate in the Capital City Wrestling Club, an organization of AAU / USA / NCWAY Wrestling.

I certify that I am the managing conservator of this child or children, am authorized to sign this waiver, and accept the terms of this Agreement.

Parent or Guardian Signature: _____ Date: _____

To be completed by CCWC **Date Shirt Given:** _____

\$35 Registration Fee _____

Grade K-2: Thunder \$165 season _____ **or** \$55 monthly: Nov ___ Dec ___ Jan ___ Feb ___

Grade 3-5: Lightning \$185 season _____ **or** \$60 monthly: Nov ___ Dec ___ Jan ___ Feb ___

Grade 6-8: Storm \$185 season _____ **or** \$60 monthly: Nov ___ Dec ___ Jan ___ Feb ___

Payment: Date Paid: _____ Amount: _____ Check # _____

Notes: _____