MILFORD INDIANS WRESTLING CLUB

Registration form should be dropped off on sign up nights. If you are unable to make sign ups please mail or drop off completed applications to 22 Midwood Rd. Milford, CT 06460. Checks can be made out to MIWC.

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REGISTRATION FEE: $150.00 —---------- $100.00 FOR EACH ADDITIONAL SIBLING
****USAW MEMBERSHIP CARDS MUST BE PURCHASED BY A PARENT PRIOR TO THE FIRST PRACTICE BY LOGGING INTO WWW.USAWMEMBERSHIP.COM AND CREATING A NEW ACCOUNT. INSTRUCTIONS CAN BE FOUND ON THE MAIN PAGE OF OUR WEBSITE WWW.MILFORDWRESTLING.COM*

PAID: CHECK / CASH SHIRT SIZE (Please circle size) YS YM YL YXL AS AM AL AXL

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Wrestler Name _____DOB_____Grade_____School_____

Address_____Parents/Guardian_____

Phone_____ Cell (1)_____Cell(2)_____

EMAIL (1)_____EMAIL(2)_____

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EMERGENCY/INSURANCE INFORMATION AND PARENT CONSENT FORM FOR TREATMENT OF MINOR

Secondary Emergency Contact (Relationship)_____Cell#_____

Name of Insurance Carrier_____ Policy #_____

We the parents of the above named boy/girl, hereby give our approval for his/her participation in the Milford Indians Wrestling Club for all sessions. We (parent/guardian) assume all risks and hazards incidental to the conduct of the activities. We do hereby release, absolve and hold harmless the Milford Indians Wrestling Club, the Milford Recreation Dept., the Milford School District, its directors, staff, the City or Milford, CT, the organizers, sponsors, coaches, volunteers & anyone connected with its activities.

In case of injury to our child, we hereby waive all claims against the aforementioned person(s). I/We will abide by the policies set further by the Milford Indians, Milford Rec Dept., City of Milford, Milford School District, Coaches, and directors of staff. The City of Milford, CT the organizers, coaches and staff assume no responsibility for accidents or injuries.

I (parent/guardian) understand that my child is in proper physical condition to participate. I/we assume all risks and hazards and further discharge the Milford Indians wrestling Club, the Milford Rec. Department, the City of Milford, the Milford School District, its directors and staff, organizers, coaches, volunteers & officers from all claims, demand and actions or cause actions.

In the event of an emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the Milford Indians Wrestling Club to provide medical attention to the applicant.

PARENT/GUARDIAN SIGNATURE_____DATE_____

I give permission for my child's name & photograph to be used on the Milford Indians Web page, wrestling programs, Wrestling flyers, etc

PARENT/GUARDIANSIGNATURE_____DATE_____