

MALCOLM YOUTH SPORTS ASSOCIATION

WRESTLING APPLICATION

(Please print clearly and enter all information.)

Wrestler's Name _____ Grade _____ DOB _____

Parent or Guardian _____

Address _____
(street) (city) (state) (zip)

Phone Number _____
(home) (work) (cell)

E-mail Address _____

Wrestler's Shirt Size (circle one) YS YM YL YXL AS AM AL AXL

Does this wrestler have a Malcolm wrestling singlet from last season? Yes No

COST: \$ 45.00 MAKE CHECKS PAYABLE TO: MYSA

In order to reduce the fee by \$10.00, I agree to help with the Malcolm Wrestling Club Tournament at the end of the year.

Signature of parent volunteering service time _____

PARTICIPATION / PARENTAL ASSUMPTION OF RISKS AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY BOTH PARTICIPANT AND PARENT OR LEGAL GUARDIAN WHERE INDICATED. PLEASE READ CAREFULLY BEFORE SIGNING.

WARNING

Participation in any athletic activity may involve injury of some type to either yourself or a fellow athlete. Such injury can include direct or emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, or recreational activities, and generally to enjoy life.

The purpose of this WARNING is to bring to your attention the existence of potential dangers associated with athletic participation. There is, however, always risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.

The purpose of this WARNING is also to aid you in making an informed decision as to whether you or your child or ward should participate in this activity and, as a condition of such participation, sign the foregoing ASSUMPTION OF RISKS AND RELEASE FROM. In addition, its purpose is to make you aware that as an athlete, or as a parent or guardian of an athlete, it is your responsibility to learn about and/or to inquire of coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety.

I have read the above ASSUMPTION OF RISKS AND RELEASE FORM. I release the Malcolm Youth Sports Association and all of its coaches from all claims on account of any injuries which may be sustained by me/my child while participating in the above sponsored activity. If medical attention is required for injury or illness while participating in such activity, as parent/guardian I give my permission for such medical care.

Wrestler Signature

Date

Parent/Guardian Signature

Date