

# Triton Junior Wrestling Player Registration

(You can add up to 4 players on one form)

## Family Information

Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

## Player Information

	<i>First Name</i>	<i>Last Name</i>	<i>Gender</i>	<i>Birth Date</i>	<i>Age</i>	<i>Shirt Size</i>	<i>Pant Size</i>
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____

## Parent Information

	<i>Name</i>	<i>Cell</i>	<i>Occupation</i>
1	_____	_____	_____
2	_____	_____	_____

## Volunteer Information

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Auxiliary \_\_\_\_\_

I do understand the risk of injury in the sport my child is registering for, and do hereby hold TJW, its coaches and Executive Board harmless for any injury that may occur during participation. I hereby certify all information given above to be true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Club Use Only: Amount \_\_\_\_\_ Check # \_\_\_\_\_ League Official \_\_\_\_\_

# Triton Junior Wrestling Medical Release

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### PARENT'S APPROVAL AND MEDICAL RELEASE

I do understand the risk of injury in the sport my child is registering for, and do hereby hold the TJW, its coaches and Executive Board harmless for any injury that may occur during participation. I hereby certify all information given above to be true and correct.

In case of emergency I hereby give permission to the medical personnel selected by the volunteers and staff, in my absence, to act as my agent, to hospitalize or secure proper treatment for my child, as named above. Every effort will be made to contact the parents in the event of an emergency.

\_\_\_\_\_  
Signature of Parent or Guardian Date

