

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

