

# Ascension Wrestling Club Registration Form



mail to:  
 Phil Bode  
 40048 Autumn Meadow  
 Prairieville, LA  
 70769

\_\_\_\_\_ Weight  
 \_\_\_\_\_  
*Registration Fee*  
 Cash \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Birth Date \_\_\_\_\_ T Shirt Size \_\_\_\_\_

**Parent or Guardian Information**

Father's Name _____	Mother's Name _____
Day Phone _____	Day Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

**Additional Contacts**

Name _____	Name _____
Phone _____	Phone _____

The undersigned parents/guardians of the above-named player hereby give my/our approval to participate in any and all Ascension Wrestling Club activities. I/We assume all risks and hazards incidental to such participation (including practices) and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify, and hold harmless the wrestling club, organizers, sponsors and the supervisors, any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them.

In case of emergency, as the Parent or Guardian of the above named wrestler, I hereby give my consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the well being of the player.

List any and all Medical Problems or prohibition player has: \_\_\_\_\_

Insurance Carrier _____	I.D. No. _____
Family Physician _____	Phone No. _____

**Parent/Legal Guardian's Signature**

Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO ASCENSION WRESTLING CLUB**