

Lizard Wrestling Registration Form

Player Information:

Name of Participant _____

Address _____

Phone Number _____

DOB _____ Age at start of Season _____ Gender: M F

Name of School _____ Grade _____

Seasons Played: _____ Player Ability: ___ Beginner ___ Intermediate ___ Advanced

Height _____ Weight _____

Parent/Guardian Information:

Name _____ Home phone # _____

Work phone# _____ Cell phone # _____

Would you like to receive text messages with team info? Y N

How did you hear about us? ___ Flyer ___ Newspaper ___ Friend ___ School

Emergency Contact:

Name: _____ Relationship To Child _____

Home# _____ Work/Cell# _____

Name of Insurance Company: _____ Policy # _____

****STATEMENT OF WAIVER****

Recognizing the possibility of physical injury associated with the use of the recreational facility or school and engaging in activity and involvement in the Lizards Wrestling Program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Lizards Wrestling Program, its volunteers and agents or participants and their parents/guardians against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the recreational facilities or during transport to or from same, which transportation is hereby authorized.

Print Name of Parent/Legal Guardian _____ Date _____

Signature of Above (Required) _____

Relationship to minor(s) _____