

Lizard Wrestling Registration Form

Player Information

Name _____ Grade _____

Address _____ City _____ State _____

DOB _____ / _____ / _____ YS, YM, YL, YXL YS, YM, YL, YXL
Shirt Size AS, AM, AL, AXL Shorts Size AS, AM, AL, AXL

Parent/Guardian Information

Name _____ Phone _____

Name _____ Phone _____

Insurance _____ Company Policy # _____

Emergency Contact

Name (Other than parent) _____

Relationship _____ Phone _____

Name (Other than parent) _____

Relationship _____ Phone _____

Waiver

My child/ward is in good health and has my full permission to participate in the Lizard Wrestling program. Recognizing the possibility of physical injury associated with the use of the recreational facility or school and engaging in activity and involvement in the Lizard Wrestling program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Lizard Wrestling program, its volunteers and agents or participants and their parents/guardians against any claim for the 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.

Parent/Guardian Signature _____ Date ____/____/____

Photo Waiver

Lizard Wrestling has my permission to use my or my child's photograph publically to promote the wrestling program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature _____ Date ____/____/____

