

2015 Lions Wrestling Club Registration

2900 Amboy Road, Staten Island. NY 10306

Wrestler's Name: _____ **Birth date:** ____/____/____

Age _____ **Weight:** _____ lbs **Grade:** _____ **School Attends:** _____

Address: _____ **Home Phone:** _____ - _____

Town: _____ **State:** _____ **Zip:** _____ **Cell:** (____) _____ - _____

Wrestler's email address: _____

T-shirt size: Child ____ S ____ M ____ L ____ XL **Adult:** ____ S ____ M ____ L ____ XL

Mother's Name: _____ **Mother's Cell:** _____

Place of Employment: _____ **Work Phone:** _____

Mother's e-mail address: _____

Father's Name: _____ **Father's Cell:** _____

Place of Employment: _____ **Work Phone:** _____

Father's e-mail address: _____

Emergency Contact Name: _____ **Phone:** (____) _____ - _____

Primary Physician: _____ **Phone:** (____) _____ - _____

Health Considerations: (i.e. asthma, allergies, previous injury, previous head injury, etc.)

Health Insurance Co: _____ **Phone No.:** _____

Group #: _____ **ID #:** _____

Lions Wrestling Club's mission is to teach young people the sport of wrestling, combined with the importance of good sportsmanship, responsibility and commitment. In order to insure the safety of all participants, as well as the smooth operation of workouts and tournaments, Lions Wrestling Club has adopted several rules and standards to abide by.

- [Each Lions Club Wrestler must pay the registration fees established by the Lions Wrestling Club
- [Each Lions Club Wrestler must participate in all fundraising opportunities throughout the year
- [Each Lions Club Wrestler must abide by the rules/code of conduct set up by the Lions Wrestling Club

We will be requiring the assistance of all parents to make this club a success this year. There are numerous ways you can get involved and make a difference in the experience that all the wrestlers have throughout the year. Please consider where you are best suited to serve the club and its youth. If you are uncertain what volunteer opportunities involve please ask. You must select at least one (1) volunteer position.

I acknowledge that I have had sufficient opportunity to review the details of this form and understand its purpose, meaning and intent.

Wrestler's Signature

Date

Wrestler's Printed Name

Parent's Signature

Date

Parent's Printed Name

Media Form

Parent Consent Form

During the course of our wrestling season many of our parents take photographs of wrestling matches, trophy wins and other special honors during the season. We wish to place some of these pictures on our web site, in club advertising and/or in the local newspaper.

Before using a photo of your child, we ask your permission to allow your child's photo to appear on our website, in club advertising or in the local newspaper. Please read the follow choices carefully and identify the course of action you would like us to follow regarding your child below.

Wrestlers Name_____

- ☐ I grant permission for a photo that includes my child *with his/her* name to be published on the Internet or in print.

- ☐ I **do not grant** permission for a photo that includes my child to be published on the Internet or in print.

Parent Signature_____ Date_____