



## Gettysburg Youth Wrestling Club 2020-2021 Registration

### Wrestler Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Wrestling Experience/Apparel Info:

This is my \_\_\_\_\_ year of wrestling. Last year I was in group \_\_\_\_\_.

*Coaches will sort wrestlers into practice groups (Beginner or Advanced) for this season based on a combination of previous experience, age, and abilities.*

T-Shirt Size (please circle): Youth: XS S M L Adult: S M L XL

Short Size (please circle): Youth: XS S M L Adult: S M L XL

### Parent/Guardian Information:

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE SIGN:

*My child, \_\_\_\_\_ (wrestler's name/first and last), has my permission to participate in the 2020-21 Gettysburg Youth Wrestling Club.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release:

Please check and sign ONE statement below.

\_\_\_\_ I hereby authorize Gettysburg Youth Wrestling to publish photographs and video taken of my child, and their name and likeness, for use in the Gettysburg Youth Wrestling's print, online and video-based materials, as well as other Club publications. I hereby release and hold harmless Gettysburg Youth Wrestling from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or videos. I acknowledge and agree that publication of said photos or videos confers no rights of ownership or royalties whatsoever. I hereby release Gettysburg Youth Wrestling, its volunteers, its hired photographers and any other third parties involved in the creation or publication of materials, from liability for any claims by me or any third party in connection with my participation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I decline to give my authorization for Gettysburg Youth Wrestling to publish photographs and video taken of my child, and their name and likeness. I understand my child will be excluded from team photographs and all Club publications.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Indemnification Agreement/Waiver for Participation:

The Undersigned parent or guardian of \_\_\_\_\_

(Wrestler's Name)

-Agrees to indemnify and hold harmless the Gettysburg Youth Wrestling Club and Haines Trained Wrestling and its volunteers, from and against all claims, damages, losses, and expenses including attorneys fees in case it shall become necessary to file an action arising out of performance herein which is for personal or bodily injury, illness or death, or for property damage.

-Understands that participation in this team is voluntary and that some events may take place in other facilities including GASD facilities, Eisenhower Inn, Haines Trained Wrestling (The Barn).

-Understands by signing this form I agree not to hold the above team or sponsoring organization or any of their members or trustees liable for any injuries that may occur to my child(ren) while participating in or traveling to and from the team's activities.

-I authorize the coaching staff to select and secure medical attention including any medical transport as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

**Parent/Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_