

**CREEKVIEW MIDDLE SCHOOL
WRESTLING
REGISTRATION FORM**

NAME: _____

PARENTS: _____

ADDRESS: _____

PHONE (H): _____

(W): _____

Parent E-Mail: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

DATE OF BIRTH: _____ **WEIGHT:** _____

SCHOOL: _____ **GRADE:** _____

T-SHIRT SIZE: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

SHORT SIZE: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

STATEMENT OF PHYSICAL/EMOTIONAL PROBLEMS COACHES NEED TO BE AWARE OF:

WAIVER:

We the parent/parents of _____
in consideration for his participation in the Creekview High School Wrestling Program do hereby execute this agreement under which we voluntarily release and hold harmless all members, officers, coaches, Creekview High School and the Cherokee County Board of Education from any and all liability whatsoever due to the injury, illness, accident, or other condition which may occur, directly or indirectly, during transportation to and from or participation in practice sessions or matches conducted during the wrestling season. We further agree to hold harmless any and all persons connected in any manner whatsoever with the schools and/or wrestling programs/clubs with whom we compete this season.

Parent/Gaurdian signature: _____

Official use only:
Registration Fee Paid _____
Singlet deposit _____