Weight: ____

Mifflinburg Youth Wrestling Registration

Wrestler Information:

Name: _____

Address: _____

_____

_____

Date of Birth: _____ Grade: _____ Age: _____ School Attending: _____

Mother's Name: _____ Mother's Phone: _____ Cell: _____

Father's Name: _____ Father's Phone: _____ Cell: _____

Guardian: _____ Guardian Phone: _____ Cell: _____

Primary Contact: _____ Relationship to Wrestler: _____

Siblings in Wrestling:

Wrestler and/or Parents E-mail Address : _____

Do you Text? YES or NO Which number would you prefer to receive texts? _____

Place a check next to the grades in which your wrestler has participated in the Mifflinburg Wrestling program in the past (do not include this year):

K_____ 1st_____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

We the parents/guardian of _____; hereby request and give complete permission to our child to participate in the Susquehanna Valley Elementary Wrestling League (SVEWL). We further declare that we desire that our child participate in this program and absolve and release all persons involved with the program, the Mifflinburg Wrestling Club and the Mifflinburg School District from any obligation and liabilities which may arise because of our child's participation in the Susquehanna Valley Elementary Wrestling League (SVEWL). We understand that we could be responsible for any fees incurred by the club in result of our child not participating in a tournament he/she registered for. We also understand we are responsible for returning a team singlet and/or team jacket at the end of the season and we could be billed by the Mifflinburg Wrestling Club to recover such costs if the team singlet and/or team jacket is not returned.

Mifflinburg Wrestling Media Release

The Mifflinburg Area Wrestling team is committed to protecting the privacy of all student athletes and their families. The following is provided to offer you as a parent the right to choose whether or not your child may be photographed, videotaped or recorded for the local news media, publicity or for internal purposes, such as newsletter, school and district presentations, Wrestling Website, etc.. Please check one and return to your wrestlers coach or team mother.

_____ **I DO** give my permission for my child to be photographed (still or motion) and or tape recorded (audio or video) by Coaches and Wrestling Club Association personnel, or the media.

_____ **I DO NOT** give my permission for my child to be photographed (still or motion) and or tape recorded (audio or video) by Coaches and Wrestling Club Association personnel, or the media.

Parents/Guardian Signature: _____

EMERGANCY INFORMATION

Wrestler's Name: _____

Parent / Guardian: _____

Address: _____

_____

_____

Home Phone: _____

Parent / Guardian Info:

Contact 1: _____ Contact 2: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Address: _____ Address: _____

Medical Information:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Allergies: _____

Date of last Tetanus Inoculation: _____

Medical Problems: _____

Current Medications: _____

Insurance Coverage: _____

Name of Company: _____ Policy Number: _____

Permission to Treat

I, (We) the parent/guardian(s) of _____ a wrestler of Mifflinburg Wrestling Club, give permission for a physician or dentist to treat my/our son/daughter, because of an emergency situation caused by injury or illness While he/she is participating in a wrestling activity and I (we) am (are) not there to authorize treatment.

Signature of Parent / Guardian: _____

Date: _____