

# CENTAURUS YOUTH WRESTLING CLUB

\$100 – 1<sup>st</sup> Wrestler, \$75 – 2<sup>nd</sup> Wrestler, \$50 - 3 or more Wrestlers

Lafayette residents – no charge

Scholarships available

Wrestler's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

Wrestler's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent's Name (s): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Wrestler's Email: \_\_\_\_\_

Contact Other Than Parent: \_\_\_\_\_

Phone Number In Case of Emergency: \_\_\_\_\_

Physician's Name and Telephone: \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING**

Centaurus Youth Wrestling Club is a nonprofit organization that depends on the assistants of members for successful operation. Your participation is needed to successfully finance the club through all fund raisers.

\_\_\_\_\_ has permission to wrestle for Centaurus Youth Wrestling Club. I do hereby indemnify, hold harmless and release from liability Centaurus Youth Wrestling Club, its officers, volunteers and coaches for any injury to my child during practices and tournaments. We recognize that there is risk associated with the sport of wrestling and agree to assume responsibility for medical expenses associated with injury.

Parent or Guardian Signature: \_\_\_\_\_

Registration: \_\_\_\_\_ Singlet Deposit

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Check#: \_\_\_\_\_

Copy of Birth Certificate: Yes/No \_\_\_\_\_ Singlet Size: \_\_\_\_\_

For Further Information Contact: Ernie Martinez (303) 961-0691

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