

# MARSHFIELD WRESTLING CLUB 2011 ENROLLMENT FORM

(Please complete one form per wrestler)

## - CONTACT INFORMATION -

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ No. of Years in Wrestling \_\_\_\_\_

T-Shirt Size:(Youth / Adult) \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## - CONSENTS -

I \_\_\_\_\_ (Printed Name), grant the following permissions to the Marshfield Wrestling Club:

I ( will / will not ) allow members of the Marshfield Wrestling club to seek emergency medical attention for my child in the event of injury and, I am unable to be reached.

I ( will / will not ) allow members of the Marshfield Wrestling Club to photograph my child and display the photos to the public for the use of promoting the sport of wrestling. My child's photo(s) may be featured on, but not limited to, the MWC website, the Marshfield News Herald and Lamar Advertising.

**I assume the risks, waive and release the coaches, parents, members and the Marshfield Wrestling Club, it's heirs, etc. from any liability and injuries associated while participating in wrestling.**

## - CODE OF CONDUCT -

I acknowledge that by coaching, volunteering or enrolling my child in the sport of wrestling, I am also becoming a member of the Marshfield Wrestling Club. In becoming a member, I will abide by the following code of conduct:

- My wrestler and I will be respectful of coaches, staff, parents and other members.
- I understand the pressures that come with sports, will respect my wrestler and encourage them in a positive manner.
- I understand this is a youth program and will conduct myself in a manner appropriate for children.
- I will encourage my child to maintain good grades while in wrestling to promote the balance of academics and athletics early.
- If I see misconduct occurring with another member I will discuss the issue with either, the Youth Head Coach, President or Vice-President privately.
- If my wrestler or I conduct our selves in an inappropriate manner we may be asked to either be excluded from some activities or leave the Marshfield Wrestling Club.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(This area – to be completed by the MWC – USA Wrestling Registrar)**

Program Fee \$45.00 : Paid by Cash / Check No. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

USA Card # \_\_\_\_\_ Signature \_\_\_\_\_