

Drexel Hill Raiders Athletic Association Registration Form for Wrestling

Please note our new website: www.drexelhillraiders.com

PARTICIPANT INFORMATION

Participant Name: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Weight: _____ Height: _____ Years Experience: _____

Grade: School: _____

PARENT OR GUARDIAN

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PARENT OR GUARDIAN

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

PARENTAL WAIVER AND CONSENT

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in those activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and activities incidental thereto. Please list any physical limitation (allergies, hearing, sight, etc.)

Parent/Guardian Signature: _____

COACHES USE ONLY

Singlet Size: _____ Sweat Size: _____ Reg Paid: _____ Sweat Paid: _____ Singlet Dep: _____