

WRESTLER INFORMATION

Wrestler's Name: _____ Age: _____

Date of Birth: _____ Siblings Who Wrestle: _____

Parent/Guardian Name: _____

Contact Number: _____ Alt. Number: _____

Email Address: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship to Wrestler _____

Allergies or Health Concerns: _____

Photo/Video Release:

On occasion Storm Wrestling Center, may use literature, photos and video to promote Storm Wrestling Center to the general public. I understand that I will not receive compensation in any form from the use of my photograph or my photographic likeness and recorded voice. I hereby consent to the use of my name, photograph, photographic likeness, recorded voice and/or image in video that may appear in any publications, promotional posters, flyers, brochures, printed and electronic ads or electronic media, in addition to the Storm Wrestling Center website.

_____ (Initial)

Waiver/Release for Participation by Parent/Guardian:

I do hereby waive, release, and discharge Storm Wrestling Center and the respective staff and volunteers from all rights & claims for damages resulting from injury to my child's person or property, which may be sustained in connection with attendance and/or participation in said camp.

Parent's Signature

Date