



Kingswood Athletic Association

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SCREAMING EAGLES

WRESTLING REGISTRATION

NAME _____ AGE _____ GRADE _____

BIRTH DATE _____ WEIGHT _____

ADDRESS _____ CITY _____ ZIP _____

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____

PHONE: Home _____

Work _____ Cell _____ Work _____ Cell _____

EMAIL _____ EMAIL _____

OCCUPATION _____ OCCUPATION _____

FAMILY MEDICAL INSURANCE _____

WRESTLING EXPERIENCE: Novice 1ST YR _____ 2ND YR _____ Varsity 3+YRS _____ Elite 4+ YRS _____

With KWAA: _____ yes _____ no (if no list which club) _____

I/We the parents/guardian of the above named child hereby give my/our approval for my/our child to participate in any and all league and tournament activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Kingswood Athletic Association, and the Millard Public Schools, the organizers, sponsors, participants, and persons transporting my/our child to or from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause. In the event of a medical emergency affecting my/our child and I/we am/are not present I/we give my/our consent to seek emergency medical treatment for my/our child. I/We will furnish a birth certificate of the above named child to league officials if requested. I/We do understand that all refunds will be charged an administrative fee and that no refunds will be issued after teams are formed. I/We also agree to return, upon request, the uniform and other equipment issued to my/our child in as good a condition as when received, except for normal use or wear and tear.

SIGNATURE _____
PARENT/GUARDIAN

Please indicate which of the following areas you will be able to provide support for KWAA Wrestling.
_____ WEBSITE _____ COACH _____ UNIFORM ISSUE _____ Committee Chair

OFFICE USE ONLY----Novice A and Novice B \$80 / Varsity \$120 / KWAA Elite \$100 w/singlet
DATE _____ NOVICE A _____ NOVICE B _____ VARSITY _____ ELITE _____

AMOUNT RECEIVED _____ CHECK # _____ KS INITIALS _____