

Wrestling Open House Registration Form/Waiver

Wrestler Information	
Name: _____	DOB: _____
Address: _____	
Parent(s) Name: _____	
Home Phone: _____	Cell Phone: _____
Does your wrestler have any medical conditions or allergies (If yes, please explain)? _____	

Program Information

October 10th, 2019 | 6pm-8pm | Voorhees High School Wrestling Room

256 County Road 513, Glen Gardner NJ

Assumption of Risk, Waiver of Liability, and Permission for Medical Treatment

As the parent and/or legal guardian of the above named, I hereby consent to my child's participation in the Voorhees Jr. Wrestling Open House. As the undersigned, I agree to hold the Jr. Wrestling Program, Wrestling Coaches, Wrestlers and Athletic Department at the Voorhees High School, and the Directors of This Program harmless from all suits, claims, or demands of every kind and character arising out of and relating to the open house provided by the Voorhees Jr. Wrestling Program. I further certify that the participant has no ailment or organic defect that would make participation in the activity dangerous to the health of the participant. I hereby authorize the open house staff to act on my behalf according to their best judgement in any emergency requiring medical attention and hereby waive and release the open house from any and all liability for injuries incurred while participating.

Signature of Parent/Guardian

Date