



LEXINGTON YOUTH WRESTLING CLUB REGISTRATION
FEE \$100.00



Name of Child: _____

Father: _____ Mother: _____

Address: _____ Zip: _____
Street City State

Phone Number: (home) _____ (work) _____ Cell _____

Email: _____

Singlet Size: YS___ AS___ AXL___
YM___ AM___ AXXL___
YL___ AL___

Age Group: 6U___ 13___
8U___ 14___
10U___ 15___
12U___

Age: _____ (on December 31st) Date of Birth: _____-_____-_____
Copy of Birth Cert. _____

Height: _____ Weight: _____

Youth Sports Physical: All wrestlers participating in our program must have a completed physical on file with the Lexington County Recreation & Aging Commission before participating.

Physical on file: _____

*****If you are interested in coaching a team, please print your name & phone number and the age group you would like to coach.

Name: _____

Phone #: _____



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Athlete's Name: _____

Home Address: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family Medical Insurance Information:

Carrier: _____ Group: _____

Policy Number: _____ Group Number: _____

ID Number: _____

Family Physician: _____ Phone: _____

Address: _____

Allergies: _____

Other Medical Conditions: _____

We hereby grant consent to any & all health care providers designated by LCRAC to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and Transportation to/from health care providers.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release (Please Read Carefully)

In signing up and participating in the Lexington County Recreation & Aging Commission programs, I/my child are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which I/my child might sustain as a result of participating in any and all activities, including transportation services, where provided.

I/my child acknowledge that there are certain risks of physical injury to participants in this program and I/my child voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I/my child further agree to waive and relinquish all claims against the Lexington County Recreation & Aging Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

I/my child understand that photographs of my child's participation in this program may be used by the Lexington County Recreation & Aging Commission to promote its events and facilities. I/my child understand these photos may be taken without my receiving compensation and without my granting additional approval.

Parent. Guardian Signature: _____ Date: _____



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