

Manheim Mat Club

2010 - 2011 SEASON – REGISTRATION FORM

Maroon And Gray (Kindergarten – 2nd Grade) Mat Club (3rd – 6th Grade)

PLEASE PRINT LEGIBLY ALL SECTIONS MUST BE COMPLETED

Wrestler's Name: _____ Phone: _____

Wrestler's Address: _____
Street Number City State Zip Code

Date of Birth: _____ Age: _____ Grade: _____
Month/Day/Year

E-Mail Address (please print clearly): _____

T-shirt size: *Please circle one* Youth: **M** **L** Adult: **S** **M** **L** **XL**
(10 - 12) (14 - 16)

PLEASE NOTE THESE SIZES RUN SMALL

CONTACT INFORMATION

This phone number will be utilized by the MMC to inform you of cancellations, upcoming events and reminders.

Phone Number(s): _____
Please provide phone number(s)

Medical/Emergency Information

Father's Name: _____ Home Phone: _____ Work/Cell: _____

Mother's Name: _____ Home Phone: _____ Work/Cell: _____

Child's Allergies: _____

Child's Physician: _____ Phone: _____

Other Medical Conditions: _____

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED PLEASE CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

Parental Approval and Medical Release

I understand that I am responsible for my child's actions and medical bills while he/she is involved with the Manheim Mat Club activities. I will not hold Manheim Mat Club, its officials, coaches or Neal Investment Group or B & P Neal Enterprises ("Landlord") responsible for any injury that may occur at or going to and/or returning from any Manheim Mat Club wrestling activity.

I certify that my son/daughter is physically fit and not under the direction of a physician or medical professional that prohibits or limits his/her activity or ability to participate in this program.

I hereby give my consent to have an athletic trainer; emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment in an emergency situation and agree to be responsible for the reasonable cost of such assistance and/or treatment.

I also understand that my child can be removed from the program without reimbursement of registration fees if, in the opinion of Manheim Mat Club Officers or coaches, said child disrupts activities or displays poor sportsmanship during practices or competitions, or defaces any property of the "Landlord" or the Manheim Mat Club.

I understand the photos of my child may be taken for the use of the Manheim Mat Club
PLEASE CHECK THIS BOX IF YOU DO NOT WANT YOUR CHILDS PICTURE ON THE WEBSITE

I UNDERSTAND THAT - DUE TO THE NATURE OF THIS SPORT, SOME INTERACTIVE PHYSICAL CONTACT MAY OCCUR BETWEEN ATHLETES AND COACHES DURING PRACTICE.

I certify that my child is covered under by the insurance policy listed on the reverse side.

I certify that I have reviewed the Parent/Student Handbook online.

Signature of Parent/Guardian

Date

REGISTRATION FEE

Make Checks Payable to the: Manheim Mat Club
Maroon And Gray: \$25.00
Mat Club: \$50.00

OFFICE USE ONLY

Date Paid: _____
Amount Paid: _____
Cash: Check Number: _____

**I am interested in helping with the following Sub-Committees:
Please check all that apply. Parent volunteers are the key to the success of this program.**

- Volunteer Coaching
- Board Member
- Team Parent
- Committee Member
- Clothing Orders
- Picture / T-Shirts
- Cleaning Crew
- Other
- Fundraisers (Pride Pack / Flyers / Etc.)

First Name: _____

Last Name: _____

Phone: _____