



The Wrestling Factory

PO Box 621 Sparta, NJ 07871

Registration Form

Wrestler's Name _____ Date of Birth _____

Age _____ Years Wrestled _____ Approximate Weight _____

School _____ Grade _____

Address _____

Parent/Guardian (1) _____

Parent/Guardian (2) _____

Phone (home) _____ Phone (work) _____

Medical

Allergies _____ Medications needed _____

Medical Condition(s) _____

Emergency Contacts

Name _____ Phone _____

Physician _____ Phone _____

Insurance Company _____

Policy Number _____ Group Number _____

In case of injury or illness I request that The Wrestling Factory coaches contact me. If I cannot be reached, I authorize the coaches to call the above named emergency contacts or physician for treatment. If the above are unavailable, I authorize the coaches to seek treatment and this document will serve as permission for authorized medical personnel to treat my child. I hereby hold harmless The Wrestling Factory, it's coaches, president and all those affiliated with The Wrestling Factory from and against all loses, claims, damages, penalties relating to claims arising from the participation in The Wrestling Factory programs.

Parent/Guardian Signature _____