

Date

BISON WRESTLING CLUB REGISTRATION & CONSENT FORM

Registration Fee - \$150.00 **IKWF Competitor Card Weekly Tournament Fees** Not Included pd separately

Wrestlers Name	Birthdate
	Please include copy of birth certificate Mt Age M / F
Address	Phone
City	Zip Code
e-mail address	Emergency Phone
Father	Wk/Cell Phone
Mother	Wk/Cell Phone
As a parent of a participant in this proginjury and agree to assume the full risk result of participation in such program District, Wheeling High School, Wheelemployees. I do hereby release and disfrom injuries, damages or loss which rindemnify, hold harmless, and agree to servants and employees from any and	that in signing up in the program you will be waiving and releasing hild might sustain from participation in this program. ram I recognize and acknowledge there are certain risks of physical of any injuries, damages, or loss which my child may sustain as a as against the Buffalo Grove High School, Buffalo Grove Park ing Park District, District 214, there officers, agents, servants, and charge all the above mentioned entities from any and all claims ay occur to my child from participation in this program. I further defend the above mentioned entities and their officer's agents, ll claims resulting from injury, damages and losses sustained my in any way associated with activities of this program.
December 29th, 2013 or contribute \$2	they will participate at the Bison Memorial Tournament Sunday, 0 per parent to the Bison Wrestling Club. nent., ie. Gatorade, candy, pop, water, etc)
Signature of Parent or Guardian	Return Completed Forms To: Bison Wrestling Club 100 Prairie Park Dr., Suite 409 Wheeling, IL 60090 847/541-9433 Fax 847/541-9495 WWW.bisonwrestling.org
Data	w w w. oisonwiestung.oig