

Bay County Wrestling Club Player Information

Wrestler's Name: _____

Last Name

First Name

Age on December 31, 2015: _____ Date of Birth: _____

Current School: _____ Grade: _____

Parent/Guardian 1: _____ Primary Phone Number: _____

Email: _____

Parent/Guardian 2: _____ Primary Phone Number: _____

Email: _____

Wrestling Experience

Does wrestler have previous experience? **YES NO** How many years?: _____

Is the previous experience with Bay County? **YES NO**

If not Bay County, please share what club you were with previously? _____

Do you have a USA Wrestling Profile/Member Number? **YES NO #** _____

Do you have a Trackwrestling Profile? **YES NO**

Medical Information:

Allergies: _____

Medication/Treatments/Inhalers: _____

Any other conditions the coaches should be aware of: _____

During wrestling practice athletes are expected to run, condition, drill, and participate in full contact activities.

My child, _____, has permission to travel and to participate in events with the Bay County Wrestling Club. I hereby release any Bay City Public School or any other school that is involved with Bay County Wrestling, its members, drives, and coaches, from any and all responsibility and/or liability for any accidental injury which may occur during my child's participation in the Bay County Wrestling Club.

Parent/Guardian Signature: _____ **Date:** _____

LEAGUES PARTICIPATING IN:

- Northeastern Michigan Wrestling Association NEMWA
- Mid-Michigan Wrestling Association MMWA
- Michigan Youth Wrestling Association MYWA

Shirt Size: _____

Pant Size: _____

Club Use Only:

- Returning Wrestler-needs updates?
- New Wrestler
- Birth Certificate
- Proof of Insurance
- NEMWA Player AG/CC form
- MMWA Player AG/CC form
- MYWAY Waiver + \$17
- Payment**
 - Cash AMT
 - Check # AMT