



DE Wrestling Complex
361 Shelley St.
Springfield, OR 97477

REGISTRATION FORM

NAME _____ SHIRT SIZE _____ AGE _____

SCHOOL _____ GRADE _____ DATE OF BIRTH _____

ADDRESS _____

STATE _____ ZIP _____ PHONE _____

EMERGENCY CONTACT _____

USA OR NUWAY NUMBERS _____

Single Month \$65

VIP Membership \$200 (one time charge)

VIP Includes:

Uniform Package

1/2 Off All Camps and Clinics

*as long as there are no breaks in membership

I hereby register my child for the DE Wrestling Club and authorize the club staff to direct his/her participation in the wrestling club activities. My child has no medical or emotional problems which may affect his/her ability to participate safely in this program. The staff is authorized to attend to any health problem or injury my child may incur while attending wrestling club, including emergency treatment. I understand that my child must have current medical insurance before participating in this wrestling club. I understand that if I withdraw my child from the wrestling camp for any reason the club fee is nonrefundable and my child will not receive his / her gear. Neither I nor my child will hold the DE Wrestling Club, Damaged Ear Wrestling Supply and Ronald Major Defoe liable for any injuries or expenses relating to injuries that might be incurred while on the premises or participating in the DE wrestling club.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ATHLETE SIGNATURE _____ DATE _____