



# BISON WRESTLING CLUB REGISTRATION & CONSENT FORM

Registration Fee - **\$150.00**  
IKWF Competitor Card  
Fee is Included

Wrestlers Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Please include copy of birth certificate

T-shirt size \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Age \_\_\_\_\_ M / F

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father \_\_\_\_\_ Wk/Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Wk/Cell Phone \_\_\_\_\_

Parents of participants should be aware that in signing up in the program you will be waiving and releasing all claims for injuries that your minor child might sustain from participation in this program.

As a parent of a participant in this program I recognize and acknowledge there are certain risks of physical injury and agree to assume the full risk of any injuries, damages, or loss which my child may sustain as a result of participation in such program as against the Buffalo Grove High School, Buffalo Grove Park District, Wheeling High School, Wheeling Park District, District 214, there officers, agents, servants, and employees. I do hereby release and discharge all the above mentioned entities from any and all claims from injuries, damages or loss which may occur to my child from participation in this program. I further indemnify, hold harmless, and agree to defend the above mentioned entities and their officer's agents, servants and employees from any and all claims resulting from injury, damages and losses sustained my child arising out of, connected with, or in any way associated with activities of this program.

\*Both parents acknowledge that they will participate and work the entire day at the Mark Walters Memorial Tournament Sunday, December 20, 2009 or contribute \$250 per parent to the Bison Wrestling Club. This is the only fund raiser the Bison's are involved in.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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