



# Fulton Wrestling Club REGISTRATION FORM

**Please include a copy of the participant's birth certificate with registration!**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: (as of Jan. 1 of upcoming year) \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female

Played before? YES or NO Number of Years \_\_\_\_\_ School: \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_ (YS, YM; YL; AS; AM; AL; AXL; AXXL) (Shirts tend to shrink - please order accordingly)

Address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

Mom's Day Phone: \_\_\_\_\_ Dad's Day Phone: \_\_\_\_\_

Mom's Evening Phone: \_\_\_\_\_ Dad's Evening Phone: \_\_\_\_\_

## PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

**I understand that team members are expected to attend practices, obey team rules of coaches and obey rules of the Parks and Recreation Department. I, as a parent, pledge to demonstrate good sportsmanship and agree to abide by all Parks & Recreation rules and regulations. Those failing to do so will forfeit their uniform, registration fee and position on the team.**

I/we the parent(s)/guardian(s) of the above named player understand there are inherent risks involved with sports participation and do hereby give permission for him/her to participate in any and all league activities during the named program. In consideration of the acceptance of the above entry as a member of the program conducted by the Fulton Parks and Recreation Department, I do hereby waive, release and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against the Parks and Recreation Department of the City of Fulton, the Fulton Wrestling Club and their representatives or successors, and/or arising out of travel to and return from said activities conducted through the year.

\_\_\_\_\_  
Signature of parent/guardian

Date: \_\_\_\_\_

### Volunteer Coach/Sponsor Sign Up

**I agree to do the following to help with this program:**

\_\_\_\_\_ **COACH (Must complete a coaches application)**  
 \_\_\_\_\_ **SPONSOR (\$100) Sponsor Name: \_\_\_\_\_**

*The City of Fulton Parks & Rec Dept has a scholarship program available and we encourage people of all income levels to participate in our programs. The Parks & Recreation Dept. also welcomes people of all abilities to participate in its programs. We will make all reasonable efforts to include people of all ability or skill levels.*

### **FORMS SHOULD BE RETURNED TO:**

**PARKS AND RECREATION DEPT.  
 P.O. BOX 130  
 18 East 4th St.  
 FULTON, MO 65251  
 PHONE: 573-592-3190  
 FAX: 573-592-3199  
 Forms may be placed in Utility Drop  
 Box at City Hall.**

---- FOR OFFICE USE ONLY ----

Registration Fee Paid: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Received By: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Scholarship \_\_\_\_\_ Date: \_\_\_\_\_