



Walton Freestyle / Greco (FS / GR) Registration Form 2010

Wrestler: _____

Mother: _____

Father: _____

Address: _____

City & Zip Code: _____

Home Phone: _____

Work Phone: (Mom) _____
(Dad) _____

Mobile Phone: (Mom) _____
(Dad) _____
(Wrestler) _____

E-Mail Address: (Mom) _____
(Dad) _____
(Wrestler) _____

School: _____ Birth Date: _____

Subdivision: _____ Grade: _____

FS / GR Experience (# of Prior Seasons): _____ Weight: _____

The undersigned parent or guardian of (Wrestler's Name) _____, the applicant for and in consideration of The Walton Takedown Club accepting said applicant, hereby agrees to save and indemnify, and keep harmless the said Walton Takedown Club, its coaches, agents, and sponsors, against any and all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from the Walton Takedown Club's practice or meet sites and or while wrestling or taking instruction in wrestling.

Signature of Parent or Guardian _____
Date

Fees: Freestyle / Greco (Mar 15 – May 12) \$75

Payment Received: Cash _____
Check # _____

Please make checks payable to: Walton Takedown Club