Walton Fall Practice / Conditioning
Registration Form 2011

Wrestler: _____

Mother: _____

Father: _____

Address: _____

City & Zip Code: _____

Home Phone: _____

Work Phone: (Mom) _____

(Dad) _____

Mobile Phone: (Mom) _____

(Dad) _____

(Wrestler) _____

E-Mail Address: (Mom) _____

(Dad) _____

(Wrestler) _____

DOB: _____ Grade: _____ 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: Fall Practice / Conditioning (Sep 13 – Oct 26) $125

Payment Received: Cash _____

Check # _____

Please make checks payable to: Walton Takedown Club

Please use a separate form for each wrestler.
Questions? Email Coach Murphy at peter.murphy@cobbk12.org.