



MARENGO YOUTH WRESTLING CLUB

2020-2021 Wrestler Registration

Name Date of Birth

Address City Zip

Home Phone # of years of prior wrestling experience

Grade in School T-Shirt Size

Mother Mother's Cell Phone

Mother's Email

Father Father's Cell Phone

Father's Email

Emergency Contact Phone

**PLEASE SIGN ONLY ONE STATEMENT
BELOW!**

If my child needs medical attention, it is my wish that I am **CONTACTED BEFORE** any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. I accept all costs related to such treatment.

Parent/Guardian Signature Date

If my child needs medical attention, it is my wish that the **TREATMENT IS STARTED** while efforts are made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, with the understanding that efforts to contact me will continue to be made. I accept all costs related to such treatment.

Parent/Guardian Signature Date

