

**Live Oak Wrestling Club
Registration Form**

Complete form and return to:



Norvin Hill
36481 Rosalie Ave.
Denham Springs, LA 70706



USA Wrestling # _____
Track # _____

www.liveoakwrestle.com

Weight: _____

Cash: _____ Check # _____

Wrestler's Information:

Date of Birth: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

School: _____ Grade: _____ T Shirt Size: _____

Parent or Guardian Information:

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Text Message: Yes No Text Message: Yes No

Home Phone: _____ Home Phone: _____

Email: _____ Email: _____

Additional Contact:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

The undersigned parent/guardians of the above-named wrestler hereby give my/our approval to participate in any and all Live Oak Wrestling Club activities. I/We assume all risks and hazards incidental to such participation (including practices) and the transportation to and from the activities. I/We do hereby further release, absolve, indemnify, and hold harmless the wrestling club, organizers, sponsors and the supervisors, any or all of them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. In case of injury to my/our child, I/we hereby waive all claims against the organizers, league offices, the sponsors or any of the supervisors appointed by them.

In case of emergency, as the Parent or Guardian of the named wrestler, I hereby give my consent for emergency medical care. This care may be given under whatever conditions are necessary the well being of the wrestler.

List any and all Medical Problems or prohibition wrestler has: _____

Insurance Carrier: _____ I.D. No.: _____

Family Physician: _____ Phone: _____

Parent/Legal Guardian's Signature:

_____ Date: _____