

# Smithsburg Youth Athletics Wrestling Registration –2008

P.O. Box 21  
Smithsburg, MD 21783

Wrestler Last Name	Wrestler First Name	Date of Birth	Age as of 1/1/2008

Street Address	City or Town	State	Zip Code

Phone #	Social Security #	Height	Weight	Years of Experience	

School	Grade	Email Address	

Health Insurance	Policy/Member #	Doctor's Name	Doctor's Phone #

**Father/Legal Guardian**

**Mother/Legal Guardian**

**Street Address**

**Street Address**

**City or Town, State and Zip Code**

**City or Town, State and Zip Code**

**Phone #**

**Phone #**

**Special Needs/Allergies/Medications/Requests?**

Please select area(s) that you would be interested in helping with during the season:

Coaching	Concessions	Scoreboard	Match set-up

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, give my permission for my child to participate in the Smithsburg Youth Athletics Wrestling Program. The undersigned does hereby and for my heirs, executors, administrators, successors, and assigns, release and forever discharge the Smithsburg Youth Athletics Wrestling Program, their directors, administrators, managers, coaches, officials, staff, agents, and players from any and all claims, actions, expenses, and compensations whatsoever that may arise or accrue out of the above mentioned activity. The undersigned hereby declares that he/she voluntarily assumes all risks inherent and further declares that he/she will hold the directors, administrators, managers, coaches, officials, staff, agents, and players of the Smithsburg Youth Athletics Wrestling Program harmless for any and all injuries, whatever the extent or nature, that may arise from this activity, and during transportation to and from the activity. The undersigned hereby declares that no promise, inducement, or agreement not herein expressed, has been made to the undersigned, and that this release contains the entire agreement between the parties, and that the terms of this release are contractual and not a mere recital. The undersigned hereby declares that he/she is signing this release of his/her free will, without threat or coercion.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Please complete and return this form, a copy of the Wrestlers birth certificate and a check for \$60.00 made payable to Smithsburg Youth Athletics.