

MILFORD INDIANS WRESTLING CLUB

22 MIDWOOD RD. MILFORD CT 06460

2014-2015 WRESTLING SEASON APPLICATION (Make checks payable to MIWC)

REGISTRATION FEE: \$150.00 USA MEMBERSHIP CARD

FAMILY CAP – 2 OR MORE INCLUDED IN REGISTRATION FEE.

WRESTLERS: \$250.00 T – SHIRT SIZE

PAID: CHECK / CASH

YS YM YL YXL AS AM AL AXL

Wrestler Name _____ Parent/Guardian _____

Grade _____ DOB _____ Address _____

Phone _____ Cell (1) _____ Cell (2) _____

EMAIL (1) _____ EMAIL(2) _____

EMERGENCY/INSURANCE INFORMATION AND PARENT CONSENT FORM FOR TREATMENT OF MINOR

Secondary Emergency Contact (Indicate Relationship) _____

Family Physician _____ Physician Phone # _____

Name of Insurance Carrier _____ Policy # _____

We the parents of the above named boy/girl, hereby give our approval for his/her participation in the Milford Indians Wrestling Club for all sessions. We (parent/guardian) assume all risks and hazards incidental to the conduct of the activities. We do hereby release, absolve and hold harmless the Milford Indians Wrestling Club, the Milford Recreation Dept., the Milford School District, its directors, staff, the City of Milford, CT, the organizers, sponsors, coaches, volunteers & anyone connected with its activities.

In case of injury to our child, we hereby waive all claims against the aforementioned person(s). I/We will abide by the policies set further by the Milford Indians, Milford Rec Dept, City of Milford, Milford School District, Coaches, directors of staff. The City of Milford, CT the organizers, coaches and staff assume no responsibility for accidents or injuries.

I (parent/guardian) understand that my child is in proper physical condition to participate. I/we assume all risks and hazards and further discharge the Milford Indians wrestling Club, the Milford Rec. Department, the City of Milford, Joseph A. Foran High School, the Milford School District, its directors and staff, organizers, coaches, volunteers & officers from all claims, demand and actions or cause actions.

In the event of an emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the Milford Indians Wrestling Club to provide medical attention to the applicant.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I give permission for my child's name & photograph to be used on the Milford Indians Web page, Wrestling programs, Wrestling flyers, etc...

PARENT/GUARDIAN SIGNATURE _____ DATE _____