

PIRATES WRESTLING REGISTRATION FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

HEALTH PROBLEMS WE SHOULD KNOW ABOUT: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

WAIVER AND RELEASE: Intending to be legally bound, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all of my rights of claims for damages which my child may have or hereafter accrue to my child against the coaching staff of the Port City Pirates Youth Wrestling Club or Port City Sports Performance, LLC or assigns, and for any or all damages which may be sustained or suffered by me or my child in connection with this club or with participation in events associated with this club. All coaching staff members have my permission to seek medical attention for my child.

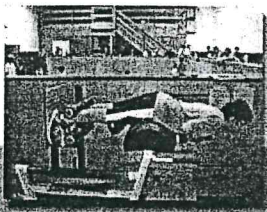
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Make checks payable to Port City Pirates

CONTACT INFORMATION:

Daytime phone: (910) 442-9890

Email: matmandan@aol.com



**Also Available**

**Sports Specific Training and Speed Development for All Sports & All Ages**

Port City Sports Performance, LLC.

6500 E-1 Windmill Way

Wilmington, North Carolina 28405

www.pirateswrestling.net

