

ATHLETE SIGNATURE

## DE Wrestling Complex 733 9th St., Benton City, WA 99320

## **REGISTRATION FORM**

NAME		SI	SHIRT SIZE		
CCLIOOL		CDADE	DATE OF	BIRTH	
4 D D D E C C					
STATE					
EMERGANCY CONTACT	•				
USA OR NUWAY NUMBI	ERS				
CLUB EAR \$80/month per kid \$120/month 2 kids \$150/Family		Club Schedule:  Mondays 5:30PM - 7:30PM (Schedule subject to change)			
\$20 Drop-in		Tuesdays 5:30PM - 7:30PM (Schedule subject to change)			
		Thursdays 5:30PM - 7:30PM (S	chedule subject to	o change)	
activities. My child has no med staff is authorized to attend to treatment. I understand that in that if I withdraw my child from her gear. Neither I nor my child injuries or expenses relating to Summary Terms & Conditions: short code 55000. You may red This service is available to person the se	dical or emotional proble any health problem or my child must have current the wrestling camp for will hold the DE Wrest or injuries that might be covered by the covered with text message sons with text-capable prints and the covered with the co	and authorize the club staff to direct ems which may affect his/her abilitinjury my child may incur while attent medical insurance before particle or any reason the club fee is nonrefling Club, Damaged Ear Wrestling Sincurred while on the premises or per month for one year. Message and the propersion of the propersio	ty to participate safe cending wrestling clu- cipating in this wrest undable and my chil Supply and Ronald M participating in the D wer the age of 13 and and data rates may a uding AT&T, Verizon N Boost. For help, text	ly in this program. The ub, including emergency ling club. I understand d will not receive his / lajor Defoe liable for any DE wrestling club.  are delivered via USA pply.  Wireless, T-Mobile®, HELP to 55000, email	
		DATE			
PARENT/GUARDIAN SIGNA	ATURE				