2011-12 SCHOOL REGISTRATION
Nittany Lion Wrestling Club

General Information

Wrestler: _____ Parent/guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home ph #: (_____) _____ Cell ph #: (_____) _____

Email: _____ Parent/Guardian Email: _____
(Please print clearly.) (Please print clearly.)

School: _____ Coach: _____ Grade: _____ Weight: _____

Past Wrestling Honors: _____

Membership Options

Please choose one of the following:

1.) _____ Team Membership: _____
Name of school district

2.) _____ Individual: $10/practice or $100/year

Medical Information

Emergency Contact Person: _____ Relationship: _____

Home ph #:(_____) _____ Cell ph #:(_____) _____ Other ph #:(_____) _____

Do you have medical Insurance? NO YES
Do you have any allergies? NO YES - Please list: _____
Do you take medications? NO YES - Please list: _____
Do you have asthma? NO YES – Do you keep an inhaler with you at all times? YES NO
Do you have any pre-existing injuries/conditions? NO YES – Please describe: _____

RELEASE:
I/WE fully understand and acknowledge that: (a) There are risks and dangers associated with participation in Nittany Lion Wrestling Club (NLWC) events and activities, which could result in bodily injury partial and/or total disability, paralysis and death. (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below. (d) There may be other risks not known or are not reasonably foreseeable at this time. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the NLWC facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the NLWC event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the NLWC facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee", FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. Signing this form indicates that the NLWC has my permission to use my child's image from photography for promotional and informational purposes related to the NLWC (i.e., website, brochures, newsletters, etc.) and no payment is expected.

_____ _____ _____
Parent/Legal Guardian (signature) Parent/Legal Guardian (printed name) Date

_____ _____ _____
NLWC School Member (signature) NLWC School Member (printed name) Date

Contact Dave Hart for more information: (814) 574-7799 or davehart3@verizon.net