

Sunkids Wrestling Club

Season is October 12th thru January 13th

Cost is \$100 per season

Name: _____

Address: _____

School: _____

Grade: _____

Date of Birth: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Emergency contact: _____

*****PLEASE READ ALL OF THE FOLLOWING - NO REFUNDS***** With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the Sunkids and or Tempe Public Schools do not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Activity, and I waive and release and hold harmless Sunkids and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against Sunkids, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Activity. I will require the following as a condition precedent to participating in the Sunkids Wrestling Club. I agree to maintain health insurance for my son/daughter while he/she participates in this Activity. I have read and clearly understand the above statements. I realize this is a contract between myself and Sunkids Wrestling and is a release of Liability. I sign it of my own free will.

Parent/Guardian Signature: _____