Millard South Wrestling Club

Registration Form

*Registration form mailed with payment to:

MSWC Attention: Michelle Olin 4917 S 143rd St. Omaha, NE 68137

Email: mswrestlingclub@cox.net (402) 894-0599

Name _____ Sex M F

First Last MI

Address_____ Zip Code _____

Telephone # _____ Lives with: Father / Mother / Both

School Attending Now _____ Grade _____

Birth Date _____ Age _____ Est. Weight _____ Yrs Wrestled _____

Shirt Size Y-Med Y-Large A-Small A-Med A-Large A-EX Large

***Millard South Wrestling Club requires that all first-time registrants provide a legible COPY of the registering wrestlers birth certificate with this registration form. The validity of other documents submitted other than birth certificates that are offered as proof of date of birth are subject to MSWC approval.**

Medical Conditions _____

Father or Guardian

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Day/Work Phone _____

Occupation _____

Email Address _____

Mother or Guardian

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Day/Work Phone _____

Occupation _____

Email Address _____

Parents are expected to help with the Millard South Wrestling Tournament to make this event a success.
In addition, please check any areas below which you would like to volunteer your time!

☐ Coach ☐ Board Member ☐ Committee Member

I/We the parents or guardians of the above named child hereby give my/our approval to participate in any and all league and tournament activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Millard Public School System, Millard South Wrestling Club, the organizers, sponsors, participants, and person transporting my/our child whether the result of negligence or from any other cause. I/We will furnish a birth certificate of the above named child to club officials if requested. I/We do understand that all refunds will be charged a $15 administration fee and that **no refunds will be issued after practice begins**.

Signature (Parent or Guardian) _____ **Date** _____

Mission Statement: THE MISSION OF THE MILLARD SOUTH WRESTLING CLUB IS TO PROVIDE AN ATMOSPHERE THAT FOSTERS THE ART OF WRESTLING AND SPORTSMANSHIP, AND WILL BE PROVIDED TO AGES K-12 AT ANY TALENT LEVEL WITH INTENTIONS OF ATTENDING MILLARD SOUTH SCHOOLS.

Registration FeeS

☐ **NOVICE($60)** ☐ **COMPETITIVE ($75)** ☐ **TRAVEL ($90)**

☐ **USA/AAU FREESTYLE & GRECO-ROMAN ($25) plus participant Insurance card.**