



CBPW# (internal use only) \_\_\_\_\_

# Council Bluffs Panther Wrestling Club, Inc.

## Wrestler & Parent Information and Authorization form



By paying my annual membership dues, I certify that:

- This application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at [www.aausports.org](http://www.aausports.org).

**PLEASE PRINT CLEARLY**

Wrestler's Name: _____ <i>(First/Middle/Last)</i>	Phone: _____	Date of Birth: _____
Address: _____	School: _____	Age: _____
City/State/Zip: _____	Grade: _____	Male/Female: _____
Medical Info: _____		
Wrestling Experience (please circle or write the correct number in other)    1 <sup>st</sup> Year    2 <sup>nd</sup> Year    3 <sup>rd</sup> Year    4 <sup>th</sup> Year    5 <sup>th</sup> Year    6 <sup>th</sup> Year    Other _____		

**Emergency Contact:**

**Emergency Phone(s):**

Mother/Guardian Name: _____	Father /Guardian Name: _____
Phone(s): _____	Phone(s): _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Occupation: _____	Occupation: _____
E-mail: _____	E-mail: _____

\$\_\_\_\_\_ Please check & record the amount if you would like to make a donation to the Club or know of a business or organization that would. Please keep in mind all donations are a tax write-off since we are a non-profit organization. Your contributions are greatly appreciated.

I /We the parents/guardians of the above named minor hereby give my/our approval to his/her participation in any and all Council Bluffs Panther Wrestling Club activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Council Bluffs Panther Wrestling Club, Inc., the organizers, sponsors, participants and persons managing, supervising, or coaching my child for any activity sponsored and directed by the Council Bluffs Panther Wrestling Club, Inc, or anyone affiliated there with, from any and all claims or rights to damage for injury or losses suffered by me directly or indirectly in training, traveling to or from, competing in or attending a wrestling activity. I grant my permission to the team or league officials to authorize and obtain medical care from any licensed medical authority should the above named minor become ill or injured while participating in team or league activities.

I will be responsible for any damage caused as a result of my behavior.

If I have any concerns or questions, I will direct them to the coaches and/or board members to be resolved.

**Note: Parent/Guardian signature if member is under 18 years old.**

**Wrestler's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_