



# Broncs Wrestling Club

\*\*\*\*\* Registration and Liability Waiver\*\*\*\*\*  
Website: <http://broncswrestling.com>



First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Age (as of Dec31 this year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Grade (this Sept) \_\_\_\_\_

HomePhone \_\_\_\_\_ School \_\_\_\_\_

USA Card number/expiration: \_\_\_\_\_

Email1 \_\_\_\_\_

Email2 \_\_\_\_\_

Father'sName \_\_\_\_\_ Occupation \_\_\_\_\_

Father'sWorkPhone \_\_\_\_\_ Father'sCellPhone \_\_\_\_\_

Mother'sName \_\_\_\_\_ Occupation \_\_\_\_\_

Mother'sWorkPhone \_\_\_\_\_ Mother'sCellPhone \_\_\_\_\_

### Other than the parents:

EmergencyContact1 \_\_\_\_\_ Phone \_\_\_\_\_

## REGISTRATION FEES

25 total workouts - \$20 per/night or \$400 for all workouts

**Start Date: September 10th - End Date: December 12<sup>th</sup>**

Tuesdays and Thursdays from 7:00 p.m. to 8:30 p.m.

**If you sign up for all sessions you will receive a free T-shirt and a ticket to the RIDER vs Rutgers match December 15th.**

Checks made payable to *Broncs Wrestling Club*

**NO ONE WORKS OUT WITHOUT A VALID USA CARD**

### \*\*\*\*\* Consent, Liability Waiver and Medical Release\*\*\*\*\*

To the best of my knowledge, the information above is correct and complete. I give permission for my child to participate in all activities of the Broncs Wrestling Club. In the event that I cannot be reached in an emergency, accident or injury which occurs while this minor is participating in any activity of the Broncs Wrestling Club, I hereby give permission for the representatives of the Broncs Wrestling Club to secure whatever medical or hospital care that may be necessary, and I agree to be financially responsible for such care. I further hold the Broncs Wrestling Club and any of their representatives, officers, directors and coaches harmless from and indemnify them against any liability, loss, or injury incurred in connection with participation in the activities of the Broncs Wrestling Club, or as the result of any treatment rendered pursuant to the permission to secure medical attention for the minor named above. Furthermore, I indemnify and hold harmless, Rider University and its trustees for any injury or loss incurred as a participant in activities of the Broncs Wrestling Club. I agree to be financially responsible for the loss or careless destruction caused by my child of any property of the Broncs Wrestling Club or Rider University. The Broncs Wrestling Club is a separate entity from Rider University and is a corporation not owned or controlled by Rider. The Broncs Wrestling Club is a 501 (c)(3) charitable organization as recognized by the IRS.

\_\_\_\_\_  
Signature (Parent or Legal Guardian)

\_\_\_\_\_  
Date

DuesPaidDate:

Amount:

CheckNumber: