**Northwest Austin Youth Wrestling**

**Registration, Agreement, and Release Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fall 2019)

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wrestling Experience: 0-1 | 1+ years

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Ste #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment:

* $200 for 5 November 2019 - 23 January 2020
  + Includes t-shirt
  + Includes USA Wrestling Membership ($40)

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_ Exp date: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Visa/MC/Discover)

**Terms of Agreement**

• Credit or debit card will be billed for my child(ren)’s participation in Trojans Youth Wrestling.

• NO REFUNDS- NO EXCEPTIONS

**Read and sign back page**

**Waiver and Release of Liability and Photo and Video Release**

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING **Northwest Austin Youth Wrestling**, operated by **Coach Mo’s Elite Fitness,** AND ITS RESPECTIVE TRAINERS, CONTRACTORS, OWNERS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS, VOLUNTEERS, AFFILIATES, AND/OR ANYONE ACTING FOR OR ON BEHALF OF ANY OF THEM (COLLECTIVELY “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, DAMAGES AND LIABILITY RELATED TO MY PARTICIPATION IN THE ACTIVITIES. THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

My Child does not have any known health, physical or medical conditions that would endanger my Child or others and is fit to participate in the activities, and I consent to my Child’s participation. I HAVE READ AND I UNDERSTAND THE ABOVE RELEASE AND WAIVER AGREEMENT. In consideration of allowing my Child to participate, I consent to and agree that THE TERMS SHALL LIKEWISE BIND ME, MY CHILD, and our heirs, legal representatives, and assignees. I HEREBY RELEASE, DISCHARGE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM EVERY CLAIM, DAMAGE, LOSS AND ANY LIABILITY that I or my Child may allege against the Released Parties (including reasonable attorney’s fees or costs) as a direct or indirect result of injury to me or my Child because of my Child’s participation in the activities, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASED PARTIES or others. I PROMISE NOT TO SUE THE RELEASED PARTIES on my behalf or in behalf of my Child regarding any claim arising from my Child’s participation in the activities.

Photo and Video release: In connection with my participation in Northwest Austin Youth Wrestling programs, I consent to the use of my child’s/children’s photograph and video or other likeness in the promotional and other materials of Northwest Austin Youth Wrestling and Coach Mo’s Elite Fitness without payment or other consideration made to me.

**By signing below, I acknowledge reading and agreeing to the Terms of Agreement, and Waiver and Release of Liability, and Photo and Video Release and fully understand the contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date