

Bullet Mat Club Registration Form

www.bulletmatclub.org

NAME _____ AGE _____

ADDRESS _____ WEIGHT _____

_____ YEARS EXP. _____

PHONE _____ GRADE _____

Date of Birth _____ SHIRT SIZE _____

REGISTRATION FEES PAID _____ CASH _____ CHECK # _____

PARENTS NAMES _____

EMAIL ADDRESSES (RECOMMENDED) _____

I the parent/ guardian of the registrant, a minor agree that the registrant and I will abide by the rules of the Bullet Mat Club herein after referred to as the BMC. Recognizing the possibility of physical injury associated with Wrestling and in consideration for the BMC accepting the registrant for its Wrestling Programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the BMC, associated personnel, including the Brandywine School and any opposing school and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I also agree to allow my wrestler to have his name and d.o.b. and wrestler info posted on our website @ (www.bullet mat club .org).

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named wrestler, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

PARENT/GUARDIANS SIGNATURE _____

DO YOU HAVE MEDICAL COVERAGE? YES _____ NO _____