

Eight Session K-8 Wrestling Clinic

Grades K - 4 Tuesdays Mar 29, Apr 5,12,26, May
3,10,17,24

Grades 5 - 8 Thursdays Mar 24,31, Apr 14,28, May
5,12,19,26

At the **Butler** Elementary School Gym 5:20 - 6:20 PM
Fee \$ 40.00, max \$ 65.00/family

Registration and Release of Liability

As the parent or legal guardian, I hereby give my approval for the applicant's participation in the Grade 5-8 or K-4 Wrestling Clinic. For myself, my family and anyone else who may claim through me, I hereby absolve and hold harmless the Wrestling Clinic, the Friends of Belmont Wrestling, the town of Belmont, and all coaches, managers, officers and others participating in the Wrestling Clinic activities from any loss, expense, cost, claim or damages for any injury, including any incurred by the applicant. I understand that insurance is not provided by the Wrestling Clinic and that I must pay for such insurance. I hereby authorize the staff of the Wrestling Clinic to act for me according to their best judgement in any emergency requiring medical attention for the applicant. I understand that my son/daughter may be expelled from the clinic by the coaches for behavior they determine to be unacceptable.

Signature of Parent or Legal guardian

Date

Wrestler's Name: _____

Parent/Legal Guardian Name _____
(please print)

Address: _____

Telephone: _____ Insurance Policy/#: _____

TEE SHIRT SIZE: _____ Grade: _____ School: _____

Please Forward Registration and fee to:
Use a separate form for each child.

Friends of Belmont Wrestling
391 Pleasant St.
Belmont, MA 02478