

**TOWN OF EDEN RECREATION DEPARTMENT  
EDEN WRESTLING CLUB**

**Wrestler's Name (first last):** \_\_\_\_\_

DOB (m/d/y): \_\_\_\_\_ Grade in School: \_\_\_\_\_

Wrestler's Address: \_\_\_\_\_

Wrestler's School District: \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Years Experience in Wrestling: \_\_\_\_\_ Male/Female: \_\_\_\_\_

**Parent/Guardian 1 Name (first last):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell preferred): \_\_\_\_\_

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

**Parent/Guardian 2 Name (first last):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell preferred): \_\_\_\_\_

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

**Alternative Emergency Contact:** \_\_\_\_\_

Phone (cell preferred): \_\_\_\_\_

Please note: I understand there is a risk to my son/daughter/myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death. I acknowledge that The Town of Eden, The Town of Eden Recreation Department and Eden Central Schools DO NOT have and DO NOT provide Accident - Health Insurance policies / coverage for sponsored Programs, Participants, Coaches, Managers, Spectators, nor Volunteers. It is strongly recommended that any participants be covered by their own Accident - Health Insurance policy. I further understand that Participants, Coaches, Managers, Spectators and Volunteers are in fact - **Participating at Their Own Risk.**

Participant Has Own Accident - Health Insurance Policy / Coverage

Child is permitted to be included in team picture and other pictures that may be posted to social media or local newspaper.

**I Have Read, and Hereby Acknowledge the Above Statement.**

\_\_\_\_\_  
**Parent/Guardian Name (print)    Parent/Guardian Name (signature)    Date (m/d/y)**