



USA Cobber Club Wrestling
PO Box 822
Moorhead, MN 56561-0822

Registration Form

Wrestler's Name	Date of Birth m/d/yr	Age	Grade	School Name	Years of Wrestling Experience	Weight p/ Cobber Scale

Parent/Guardian Name(s)		
Relationship		
Address		
City		
State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email Address (print)		

www.cobberclubwrestling.com: I have read the Code of Conduct and Ten Commandments _____
 Permission to list wrestler's name, grade, years experience and hometown on the secured online roster: _____
 Permission to place wrestler's picture(s) on USA Cobber Club Wrestling website _____

FEES - \$50 per session for Tuesday and Thursday practices only and \$75 per session if additional Monday session for experienced wrestlers is elected. Sibling discount of \$25 per session can be applied. The session registration fee does not include the cost of the USA Card.

SESSION 1- Nov. 7th to Jan. 5th SESSION 2- Jan. 9th to March 8th

	Session Fee	Payment
Tuesday and Thursday 6:30 – 7:30 PM for K-3 rd grade and 6:30 – 8:00 PM for 4 th – 8 th grade	\$50	
Monday add-on session (must also register for Tue and Thu session) 6:30 - 8:00 PM for experienced wrestlers only	\$25	
USA Card mandatory and required for insurance reasons. This card will be good for the 2011-2012 season from 9/1/11 to 8/31/12	\$31	
Cobber Club Apparel Purchase: shirt sweatshirt hat back pack other	(varies)	
Indicate Check Amount and Check Number or Cash		
Cobber Club Representative Who Coordinated Registration for Wrestler Initial		

Practice Location: Concordia College ~ Enter Main Doors on South side of the Offutt Concourse
 Bring wrestling shoes to change into in the hallway outside of the wrestling room downstairs.

Insurance and Medical Information

The following information will be kept confidential.

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____ Hospital _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____

Phone No. _____

The wrestler listed above has been granted permission to participate in wrestling activities as sanctioned by USA Wrestling and USA Cobber Club Wrestling Inc. The wrestler has received a physical examination and is fit to participate.

Parent/Guardian Signature _____ Date Signed _____

Please read the alternative statements below and sign under the one that you choose.

1. If my child needs medical attention, it is my wish that I be **contacted before** any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the **treatment be started** while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Release Form

1. I, _____ the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE USA COBBER CLUB WRESTLING, INC. (Releasee), its insurers, its affiliated clubs, administrator, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Cobber Club Wrestling, Inc., Concordia College and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, leasers and operators of premises used to conduct any USA Cobber Club Wrestling, Inc. sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of actions or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Cobber Club Wrestling, Inc. sanctioned event or activity including, but not limited to LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES or hidden, latent or obvious defects in the facilities or equipment used.
2. Releaser understands and acknowledges that USA Cobber Club Wrestling, Inc. sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate, RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Cobber Club Wrestling, Inc. sanctioned event(s), meet(s), practice(s), or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
3. Releaser acknowledges and fully understands that each participant in any USA Cobber Club Wrestling, Inc. sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releaser's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be associated risks with such activities which are not known or not reasonably foreseeable at this time.
4. Releaser understands that they are responsible for their child's transportation to and from USA Cobber Club Wrestling, Inc. sanctioned events or activities which include meets, duals, tournaments and practices.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

The undersigned does hereby represent that he/she is, in fact, the legal guardian of (name of wrestler) _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

Signature of parent or legal guardian

Print Name

Relationship to minor

Date