



# Fayetteville Youth Wrestling Club Rhinos

*Building Champions today, to be tomorrow's Leaders through way of Wrestling*

## REGISTRATION FORM

Name of Wrestler ( First & Last Name ) : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Primary Physical Address: \_\_\_\_\_

2nd Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Registration fee is 125.00 per child for entire season ( good thru Aug. 31st of following year) . Please by cash or check. If paying by check, please make to FYWC Rhinos.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I ACKNOWLEDGE I UNDERSTAND AND PLEDGE TO COMPLY TO THE FYWC CODE OF CONDUCT.
- I ACKNOWLEDGE FAYETTEVILLE YOUTH WRESTLING CLUB HAS MY PERMISSION TO HANDLE USA & OKWA REGISTRATIONS FOR MY CHILD ON MY BEHALF.
- I CERTIFY MY CHILD HAS BEEN CLEARED BY A PHYSICIAN AND HEREBY GIVE MY PERMISSION FOR ANY & ALL ACTIVITIES INVOLVED WITH THE FAYETTEVILLE YOUTH WRESTLING CLUB. I FURTHER WAIVE ANY LEGAL ACTION AGAINST FAYETTEVILLE YOUTH WRESTLING CLUB & YVONNE RICHARDSON COMMUNITY CENTER, AND ITS EMPLOYEES FOR INJURIES AND ILLNESS MY CHILD MAY INCUR.

**Refund Policy: Registration Fee is Non-Refundable**

