

Equipment borrowed:

Entered

**2012
Mid-Coast
Wrestling
Club**



Youth
Wrestling
Program

Participant Registration Form

Name : _____
Age : _____ Grade : _____
Parents : _____
Phone(s) : _____
E-mail(s)* : _____

**** It is very important to provide us with an e-mail address if you want to be kept abreast of cancellations, tournament info etc.***

I give my consent for _____ to participate in the Mid-Coast Wrestling Club Youth Wrestling Program. My child has appropriate medical insurance and I accept full responsibility for his / her health with respect of this activity.

I agree to return any equipment borrowed if my child discontinues with the program or at the end of the season.

Signed : _____
(parent or guardian)