

2020 Bay County Roadrunner Wrestling Club Registration

Wrestler Information

First Name: _____ Last Name: _____ Birthdate: _____

Previous Club: _____ # Yrs Experience: _____ Weight: _____

Shirt Size: _____ Pant Size: _____ Age as of December 31st, 2019: _____

School: _____ Grade: _____

Parent or Guardian #1

First Name: _____ Last Name: _____ Email: _____

Cell # _____ Address: _____

Parent or Guardian #2

First Name: _____ Last Name: _____

Email: _____ Cell # _____

Medical Information

Allergies: _____ Medication/Treatments/Inhalers: _____

Any other conditions we should be aware of: _____

Release

My child, _____ has permission to travel and participate in events with the Bay County Roadrunners Wrestling Club. I hereby release any Bay City Public Schools, Essexville Hampton Schools, Pinconning Area Schools, or Bangor Township School, or any other school that is involved with Bay County Wrestling, its members, drivers, board members, and coaches from any and all responsibility and/or liability for any accidental injury which may occur during my child's participation in the Bay County Roadrunner Wrestling Club.

Parent/Guardian Signature: _____ Date: _____

League Participation:

- NEMWA (included in registration fee)
- MMWA (included in registration fee)
- MYWAY \$17

Club Checklist:

- | | | | | |
|----------|-------------------|----|---------|--------------------|
| \$ _____ | Cash | or | # _____ | Check |
| _____ | New Wrestler | | _____ | Returning Wrestler |
| _____ | Birth Certificate | | _____ | Proof of Insurance |
| _____ | NEMWA paperwork | | _____ | MMWA paperwork |
| _____ | MYWAY paperwork | | | |