BRUSH WRESTLING C	LUB REGISTRATION	ON 2022 FALI	<u>L SEASON</u>	
WRESTLER'S NAME				_
DATE OF BIRTH		AGE	(as of Sept. 1, 2022)	APPROX.
WEIGHT	YEARS IN WREST	LING (includir	ng this year)	
				_
ADDRESS				
CITY/STATE/ZIP				_
HOME PHONE				
CELL PHONE				
EMAIL				<u> </u>
PRIMARY INSURANCE CARRIER				
PARENT/GUARDIAN CO	ONSENT:			
We, the parents or legal	guardians of			. in consideration
of accepting his or her participation in the Brush Wrestling Club, do hereby for myself, my family,				
	•	_	all rights and claims for dama	•
			Brush School District for any	
suffered by the above me		, , , , , , , , , , , , , , , , , , ,	,	,
PARENT'S SIGNATURE				
INCLUDED TEAM T-SH				
CHILD SHIRT SIZE: You	th XS/Youth S/Yout	h M/Youth L/A	dult S/Adult M/Adult L/Adult X	KL
WRESTLER'S NAME				
REGISTRATION \$120 _				
TEAM SINGLET/SHORT	RENTAL ADDITIO	NAL \$110		
TOTAL				
USA Wrestling Card Nur	nber	_		
PAID Check Cas	sh Receive	ed Single	et Short	
PHOTO RELEASE FOR	M: We, the parents		lians of y permit and authorize the Bro	ush Wrestling Club
and/or video that may pe voice, without compensa	rtain to the above-r tion. I understand t	on its behalf, to named child/ch hat this materi	o use, reproduce and/or publi- nildren, including their image, al may be used in various pul opear on the Club's internet w	sh photographs likeness and/or blications, public

PARENT'S SIGNATURE