

NLWC Scholastic Programs Registration & Waiver Form

Section 1: General Information

Wrestler(s): _____ Shirt Size: _____

Parent/Guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Home ph #:(_____) _____

Parent/Guardian Cell ph #:(_____) _____

Email: _____ Parent/Guardian Email: _____
(Please print clearly.) (Please print clearly.)

School: _____ Coach: _____

Age _____ Grade: _____ Weight _____

Years of Experience/Past Wrestling Honors: _____

Section 2: Registration Options

_____ Fitness & Balance Program _____ Youth Rec Program _____ Elite Elementary Program
_____ Breakfast Club _____ Spring Freestyle Programs _____ SCT Clinic of Champions

(___yes or ___no) I give permission to the NLWC to use pictures of my child in the Club's newsletter or informational brochures.

Section 3: RELEASE/DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Youth and Scholastic Practices/Nittany Lion Wrestling Club individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Youth and Scholastic Practices/Nittany Lion Wrestling Club does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Youth and Scholastic Practices/Nittany Lion Wrestling Club premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Youth and Scholastic Practices/Nittany Lion Wrestling Club.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Printed Name of Participant: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Contact Dave Hart for more information: (814) 574-7799 or davehartnlwc@gmail.com