



# DAKOTA RATTLERS WRESTLING PROGRAM

PO Box 355, Minot, ND 58702

## REGISTRATION INFORMATION

Wrestler's Name	Date of Birth (month / day / year)	Age	Grade	School Name	Weight (per Rattlers Scale)	USA Card #

Parent/Guardian Name(s)	
Relationship to Wrestler	
Address	
City	
State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-mail Address	

PLEASE NOTE: Parents are welcome to watch practice, however space is limited...and space is needed for all wrestlers to practice safely. Parents will NOT be allowed on the mat unless approved by the head coach. The coaching staff asks if you watch practice to please remain quiet, otherwise the wrestlers become distracted. If you are bringing other children, they must stay quiet or they will be asked to leave. Children may not be in the hallways unsupervised. The Dakota Rattlers Wrestling Club reserves the right to publish the names and images of its members. A written request of anonymity must be given to the club president.

Regular Season: *Folkstyle*: February 13 - March 31, 2012 • *Freestyle & Greco-Roman*: April 2 - April 28, 2012.

Practice: Mondays, Tuesdays and Thursdays • Minot High Wrestling Room • 6:30 - 7:30 (K - 3rd grade) or 7:30 - 8:30 (4th - 12th grade). Practice schedule/location is subject to change. Enter Minot High through the South doors **NO EARLIER THAN 6:20 PM** on practice nights.

Practice Attire: T-shirt, shorts, wrestling shoes (or tennis shoes that have not been worn outside) & headgear. Team Photos: TBA, wear a Dakota Rattlers singlet.

## DAKOTA RATTLERS FEES

	Amount	Payment
Regular Season Fees Monday, Tuesday & Thursday • 6:30 - 7:30 PM for K - 3rd grade • 6:30 - 7:30 PM for 4th - 12th grade	\$125 (1st wrestler)	
Regular Season Fees for 2nd wrestler in the same family (no charge for 3rd wrestler and beyond) Monday, Tuesday & Thursday • 6:30 - 7:30 PM for K - 3rd grade • 6:30 - 7:30 PM for 4th - 12th grade	\$65 (2nd wrestler)	
USA Card (mandatory for every wrestler...required for insurance reasons) This card will be good for the 2011-2012 USA Wrestling season which runs 9/1/11 - 8/31/2012	\$25 / wrestler	
USAWND Raffle Tickets (2 tickets per wrestler - can be kept or sold for \$10 each) Fundraiser to defer athletes/coaches costs when sending ND State Youth Dual teams to nationals tournaments	\$10 / wrestler	
Total Amount Due (indicate amount and check number or cash)		
Dakota Rattlers Club Representative Who Coordinated Registration for Wrestler (please initial)		

Please make checks payable to: *Dakota Rattlers Wrestling*



# DAKOTA RATTLERS WRESTLING PROGRAM

2012 Registration, Feb. 13, 2012

Grades Kindergarten - 12

## CONSENT FOR MEDICAL TREATMENT AND LIABILITY WAIVER

*The following information will be kept confidential.*

As a parent or guardian of \_\_\_\_\_, I hereby consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb and well being of my dependent.

**Printed Name of Parent/ Guardian:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_, a minor, agree that I and the registrant will abide by the rules of the Dakota Rattlers Wrestling Club, its affiliated organizations and sponsors. Recognizing the possibility of the physical injury associated with wrestling and the consideration for the Dakota Rattlers Wrestling Club accepting the registrant for its wrestling program and activities, I hereby release, discharge and/or otherwise indemnify the Dakota Rattlers Wrestling Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of gyms and facilities for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature of Parent / Guardian:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

In the event an accident occurs and we are unable to reach you, please indicate another person to call:

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_