



DAKOTA RATTLERS WRESTLING PROGRAM

2010 Registration Form
Grades Preschool - 12

- Program Information -

Registration Date: Monday, February 15th, 2009 at 4:30 P.M.
 OR Mail To: Steve Lipp
 PO Box 355
 Minot, ND 58702

Practice Schedule: Mondays, Tuesdays and Thursdays
Practice Location: Minot High School Wrestling Room
Practice Times: Beginners 6:00 - 7:00 P.M.
 Advanced 7:00 - 8:00 P.M.

Uniforms & Pictures: Monday, February 15th at 4:30 P.M.
Contact Information: wrestling@dakotarattlerswrestling.com
 Joel Sandy 838-5539 or 720-4181
 Steve Lipp 838-2699 or 340-6938

- Program Fees -

Registration Fee **	\$ 120.00
Uniform Purchase Fee	\$ 50.00
Total Amount Due \$ _____	
<u>Multiple Wrestlers?</u>	Y N
** 2nd Child Registration	\$ 60.00
** 3rd Child Registration	\$ 00.00

Please make checks payable to:
Dakota Rattler Wrestling Program

Name of Wrestler: _____

Age: _____ Date of Birth: _____ - _____ - _____ Grade: _____ School: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother: _____ Mailing Address: _____

Father: _____ Mailing Address: _____

Guardian: _____ Mailing Address: _____

E-mail Address: _____

Parents are welcome to watch practice but 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. 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.

- CONSENT FOR MEDICAL TREATMENT AND LIABILITY WAIVER -

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.

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: _____

Name of Medical Insurance: _____ **Policy Number:** _____

Date Registered _____ - _____ - _____

Fee Paid: \$ _____