



Imperial Wrestling Club

CLUB REGISTRATION INFORMATION FORM

CLUB FEE: \$150 FOR THREE MONTH PERIODS/ PRACTICES Mon & Wed 6:00-7:45pm

Wrestler Name (first, mi, last) _____
Age ____ Birth Date ____/____/____ M/ F Registration Date ____/____/____
NYWAY CARD # _____ (each wrestler must have an insurance card go to NYWAY.org)
Address _____
City _____ State NY Zip _____
Parent's Full Names _____ & _____
Primary Phone () _____
Secondary Phone () _____
Primary Email _____
Secondary Email _____
Wrestlers Cell Phone & Email _____

IMPERIAL WRESTLING MEDICAL RELEASE AND EMERGENCY INFORMATION

I, _____ do hereby state that I am the natural parent and/or have
PARENT OR GUARDIAN
legal custody of _____ WRESTLER. I authorize the coaching staff of
AGE
Imperial Wrestling Club to permit any medical attention including any examinations, anesthetic, X-ray, medical or surgical or treatment and or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful. This consent is granted for a period of one (1) year.

Signature _____ Date _____

EMERGENCY CONTACTS

Primary Contact _____ Phone () _____
(NOT PARENT OR GUARDIAN)

Secondary Contact _____ Phone () _____

Imperial Wrestling Club | 7 N. Main St Rushville, NY 14544 | 585-489-3759 |

Email: iwcchampions@gmail.com

Coaches: Terry Lucero, Clayton Mack, Rich Yahn, TR Chin, Kevin Smith