

OFFICIAL MEAN GENE YOUTH DUALS ROSTER & TEAM WAIVER

TEAM NAME _____ COACH'S NAME _____ ALLSTAR OR BASIC CLUB TEAM? _____
(SEEDING PURPOSES)

NUMBER OF WEIGHT CLASSES FILLED? _____ COACHES MUST BRING: **ENTIRE TEAM, ROSTER WITH A MINIMUM OF 14 ELIGIBLE WEIGHT CLASSES FILLED, AND TEAM WAIVER TO WEIGH-INS AND BE PRESENT TO VERIFY ACTUAL WEIGHTS OF ALL WRESTLERS ON THEIR TEAM. WRESTLERS MUST BE AT OR BELOW SET WEIGHTS. ZERO WEIGHT ALLOWANCE . ONLY ONE WEIGH-IN ALLOWED. WRESTLERS MUST HAVE BIRTH CERTIFICATE FOR WEIGH-INS.**

In consideration of your acceptance of my entry, I/We the undersigned: 1. Agree that prior to participating, each will inspect the facilities and equipment being used, and if they believe anything to be unsafe, they will immediately advise their coach or supervision of such condition(s) and refuse to participate. 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death, severe social and economic losses which might result not only from their actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or any other equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 3. Assume all the forgoing risks and accept personal responsibility for damages following such injury, permanent disability or death and or financial loss, I and my legal heirs do hereby discharge, waive and release and covenant not to sue for any and all claims for damages I/We may have against the CNYPIN2 WIN(wrestling club) Inc., Gene Mills, Pin 2 Win Inc., Phoenix Schools and/or all tournament officials, sponsors, or administrators for any and all injuries suffered by me in connection with said tournament.

RESERVED FOR OFFICIAL USE ONLY I HAVE READ, UNDERSTOOD, AND ACCEPTED THE WAIVER STATED ABOVE.

WEIGHT CLASS	FULL NAME	BIRTH DATE	BIRTH CERT ?	WAIVER SIGNED?	ACT. WGT	PARENT/GUARDIAN SIGNATURE	WRESTLER'S SIGNATURE	DATE
48								
52								
56								
61								
65								
69								
73								
77								
81								
86								
91								
96								
103								
112								
119								
125								
130								
HVY 155 MAX								
ALT #1								
ALT #2								
ALT# 3								
ALT# 4								

I HEREBY CONFIRM THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THE WAIVER ABOVE AND VERIFY THAT ALL THE ABOVE INFORMATION IS CORRECT.

COACH'S SIGNATURE

DATE