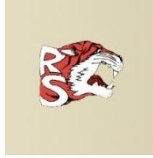


RIISING SUN TIGERS



CECIL COUNTY PARKS & RECREATION Junior Wrestling Program for Ages 6 and Up 2009-2010 Registration Form

Name _____ DOB _____ Age _____ Weight _____

Parent's Name _____ Phone _____ Cell _____

Address _____ Email _____

Years of Exp. _____ Grade _____ Shirt Size (circle) YS, YM, AS, AM, AL, AXL

In Case of Emergency, notify _____ Phone _____ Cell _____

Does Wrestler Have any Physical or Health Problem we should be aware of? _____

Is Wrestler Covered by Medical Insurance? _____ Company Name _____

By signing below the parent of the above named wrestler informs Cecil County Parks and Recreation Junior Wrestling Program that they will assume all medical expenses for accidents or injuries that the wrestler may incur during the Jr. Wrestling Program and that they have adequate coverage for the wrestler.

Parent Signature _____ Date _____

Please Read and Sign

I, the parent of the above named wrestler, understand that wrestling is a rigorous sport requiring exertion of the cardiovascular and muscular systems. I also understand that even under the best of circumstances and supervision, there are risks of injury. These risks result from factors such as the exertion of the muscle, skeletal and cardiovascular systems, to increases in heart rate and blood pressure, and limitations in the wrestlers capacity for exertion, flexibility and strength, cardiovascular fitness, etc. Knowing this, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Cecil County Parks and Recreation, its representatives, successors, and assigns for any and all injuries suffered by myself at the activities for which I am requesting. I give permission for my child/myself to be photographed while participating or attending a Parks and Recreation activity. I understand that photos may be used in future publicity.

My signature below acknowledges that I have read and understand the above statements and attest that all the answers on this form are true.

Parent Signature _____ Date _____

\$45.00 registration fee can be made out to: Treasurer of Cecil County
For more information or if special accommodations are needed call (410)392-4537

WWW.CCGOV.ORG

CCANTOR@CCGOV.ORG