

Cardinal Wrestling Club
2009-2010 Fall Clinics Registration Form
Sept. 6th – Nov. 3rd
Every Sunday 5-7pm and Tuesday 6-8pm

Where: The Stanford Wrestling Room
641 E. Campus Drive
Stanford, CA 94305

- **If you have not already mailed in your registration form for the fall, we will be accepting forms on site after our first clinic on Sept. 6th.**
- **All members must have a USA Wrestling Card. Cards can be ordered online at www.usawmembership.com/**

Please fill out completely and return application to:
Cardinal Wrestling Club
P.O. Box 838
Palo Alto, CA 94302-0838

Name: _____ Weight: _____ DOB: _____
Address: _____
Name of school: _____ Grade: _____
E-Mail: _____ Adult t-shirt size (S-XL): _____

Emergency contact information

Name: _____ Phone 1: _____ Phone 2: _____
_____ Previous members check here

Please check payment option:

- Drop in \$25 per session
 18 sessions FREE: *There will be a \$15 dollar fee for every clinic that is not attended.
 9 Sessions FREE: (Sundays Only) *There will be a \$25 fee for every clinic that is not attended
 Check here and list size _____ to purchase CWC shorts (\$20)

An invoice will be sent at to you at the end of the fall season to collect for all clinics that were not attended. By signing below I herby agree to pay \$15 (full membership) or \$25 (Sundays only) for each clinic that was not attended by the member listed above.

Parent/Guardian Signature

Date

Member Signature

Date

I herby acknowledge that participation in this wrestling club and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my child, hereby assume all such risk. I hereby release and agree to hold harmless Stanford University, its Board of Trustees, and the Cardinal Wrestling Club, its founders from all claims, actions, damages, and liabilities for personal injury or damage relating to or arising out of any wrestling club activity. I authorize the Cardinal Wrestling Club to act for me in any medical emergency according to their best judgment, including 911 emergency care if deemed necessary. In case of injury or illness, necessary emergency is authorized without need to contact the parent or legal guardian. I understand that any and all charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier. The Cardinal Wrestling Club and Stanford University are not responsible for lost or stolen property.

Parent or Guardian Signature

Date

PERTINENT MEDICAL INFORMATION

Medical Insurance Company Policy #