

**2018 USA WRESTLING OREGON BEACH WRESTLING CHAMPIONSHIPS:**



Wrestlers Name: \_\_\_\_\_ School/Club: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ USA Card # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parent/Guardian/Athlete Email: \_\_\_\_\_

We the undersigned hereby declare that the wrestler's health is and will be sufficient to allow him/her to safely participate in this tournament. We understand that health and accident insurance of the wrestler is the sole responsibility of the undersigned. We understand that the wrestler participates in this tournament at his/her own risk. In the event of injury or damage or loss of property, we promise not to make any claim or bring any lawsuit against the Hood River Wrestling Club, Hood River Valley School District, the Port of Hood River or their agents, representatives, committees, governing bodies or sponsors.

Parent/Guardian Signature if under 18: \_\_\_\_\_ Date: 6-9-2018

Athlete Signature if over 18: \_\_\_\_\_ Date: 6-9-2018