



2024/2025 Season

WELCOME TO TEAM ALPHA DAWG

Name of Wrestler _____
DOB _____ Age _____ Weight _____ Shirt Size _____
School _____ Grade _____ Years Wrestling _____
Parent/Guardian Name _____
Parent/Guardian Phone # _____
Parent/Guardian Email _____
Mailing Address _____
USA Wrestling # _____
Track Wrestling # _____

Please contact Sarah Berg with questions or concerns – seberg2@yahoo.com or alphadawgwrestling@gmail.com

We are looking forward to a fun and exciting season!

I agree to indemnify and hold harmless Mad Dawg Wrestling, Alpha Dawg Wrestling, Folsom Athletic Association, The Folsom Cordova Unified School District, their staff, employees, volunteers, coaches, other participants and any other cosponsoring agencies from any liability for injuries or damages which may arise as a result of participation in this activity. I fully understand that this activity involves risks and danger of serious bodily injury. I fully accept and assume all risk and responsibility for losses, costs and damages I incur as result of the minor's participation in the activity. I understand this is a contact sport and that while reasonable precautions are taken, Mad/Alpha Dawg wrestling is not responsible if the participant contracts a contagious disease, including but not limited to, COVID-19. I further agree that Mad/Alpha Dawg Wrestling may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be reached. I am aware that Mad/Alpha Dawg Wrestling does not carry medical insurance for participants in this activity. I acknowledge that I have read this agreement and fully understand its terms.

Signature of Responsible Party

Date

Printed Name

Wrestler's Name